

Name
in
Full

Robert J Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Bladensburg* Town *Prince George* County *MARYLAND*

Date of death *1980* Month *Jan* Day *27* Age *75* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Ind*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Rachel Dorsey*

Father's Name *Robert Adams* Father's Birthplace *Ind*

Mother's Maiden Name *don't know* Mother's Birthplace *don't know*

Name of person giving Information *George Green* How related to deceased *Brother in law*

CAUSES OF DEATH

154

Primary *Natural Cause* How long

Immediate *General Debility with old age* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Augustus H. Dahler
Acting Coroner
Bladensburg Ind

PHYSICIAN
OR CORONER

Accident or Suicide

adams farm

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Westphalia* *Prince George* County
Date of death *1940* *11* Month *29* Day *73* Age *73* Years *—* Months *—* Days

Sex *male* Color or Race *Black* Birth-place *md.*

Occupation *Farming* Where Residing if not at place of death *—*

Married, ~~Single~~ *married* Name of Wife or ~~Widowed~~ *Harriet Allen* Husband

Father's Name *Robert Allen* Father's Birthplace *md.*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving Information *Gasaway Tobson* How related to deceased *none*

CAUSES OF DEATH

99 ✓

Primary *abscess of the lung* How long *3 months*

Immediate *Pulmonary Engorgement* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John E. Bancroft*

Address *Lovettsville, Md.*

X Accident or Suicide *neither*

PHYSICIAN
OR CORONER

1000



Name
in
Full

Sarah Elizabeth Athey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Lanham

Town

Pr. Geo.

County

MARYLAND

Date

of death

1900

Month

1

Day

12

Age

Years

73

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Va.

Occupation

Housewife

Where Residing if not
at place of death

Lanham Md

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Joseph Athey

Father's
Name

Mr. Cornell

Father's
Birthplace

Va.

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Maryland

Name of person giving
Information

Snowden Athey.

How related
to deceased

Nephew.

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

54 yrs.

Immediate

General Exhaustion

How long

10 days

Are the name, age, sex, color, data
and place correctly given above?

Yes

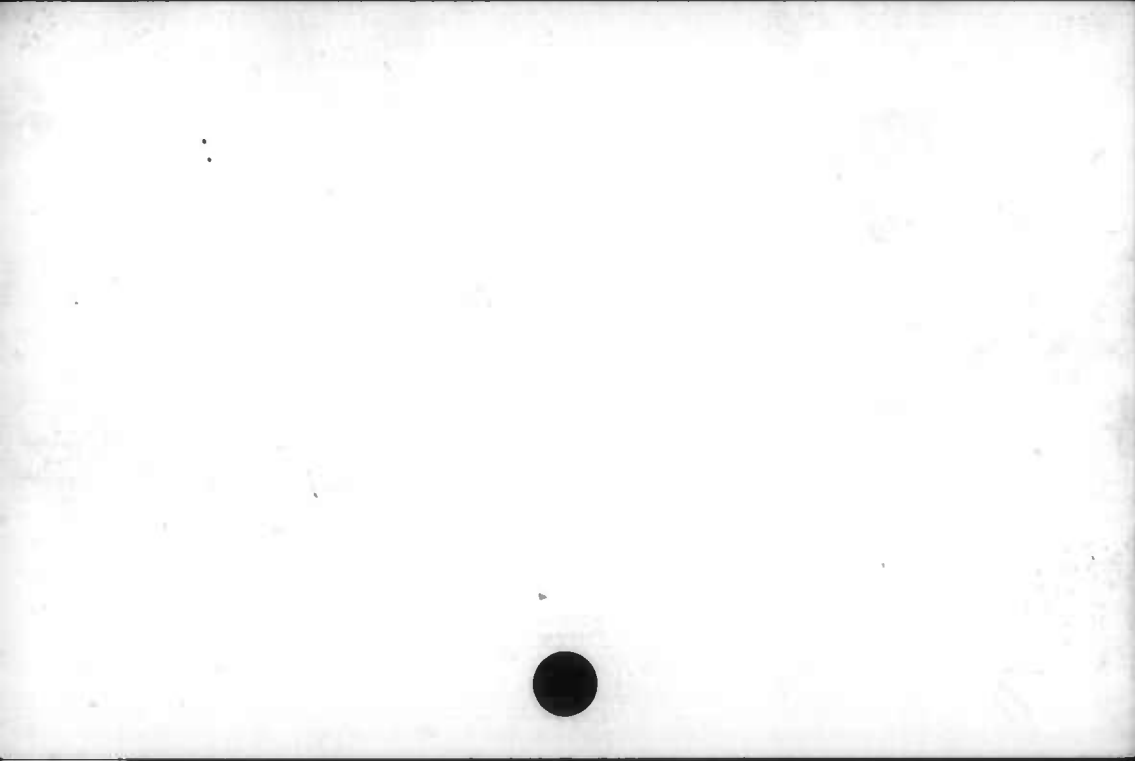
Signature of
Physician

Address

J. R. Smith
Lanham
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Martha Baden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

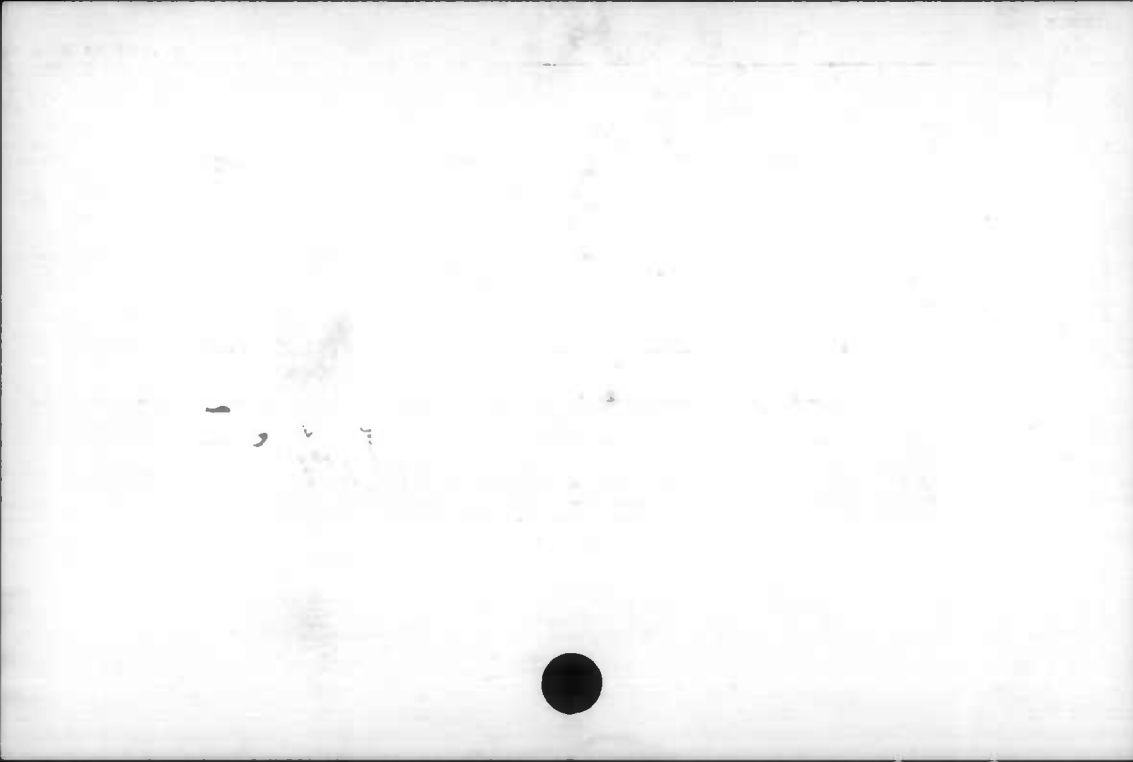
Died at <i>friendly</i>		Town <i>Pr Geo.</i>		County		MARYLAND	
Date of death 1900 <i>1</i>		Month <i>1</i>		Day <i>5</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i> Md.</i>		Months <i>—</i>	
Occupation <i>— none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Benton C. Baden</i>		Father's Birthplace <i> Md.</i>					
Mother's Maiden Name <i>Viola Roland</i>		Mother's Birthplace <i> Md.</i>					
Name of person giving information <i>Viola Baden</i>		How related to deceased <i> Mother</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>—</i>
Immediate <i>Underdeveloped vitality</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. P. Simpson M.D.</i>
<i>J</i>	Address <i>Cherry St. N.W.</i>
	<i>Wash</i>
Accident or Suicide	



Name
in
Full

Maggie B Bivens

CERTIFICATE OF DEATH

Died at ^{Town} *Chattanooga* ^{County} *Pr Gees*

MARYLAND

Date of death ^{Month} *10 Jan* ^{Day} *15* ^{Years} *38* Age

^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Arthur B Bivens*

Father's Name *Robt E Thomas* Father's Birthplace *Md*

Mother's Maiden Name *Elija Loveless* Mother's Birthplace *Md*

Name of person giving Information *Arthur B Bivens* How related to deceased *husband*

CAUSES OF DEATH

137

Primary *Purpural Septicaemia* How long *3 days*

Immediate *As themia* How long *"*

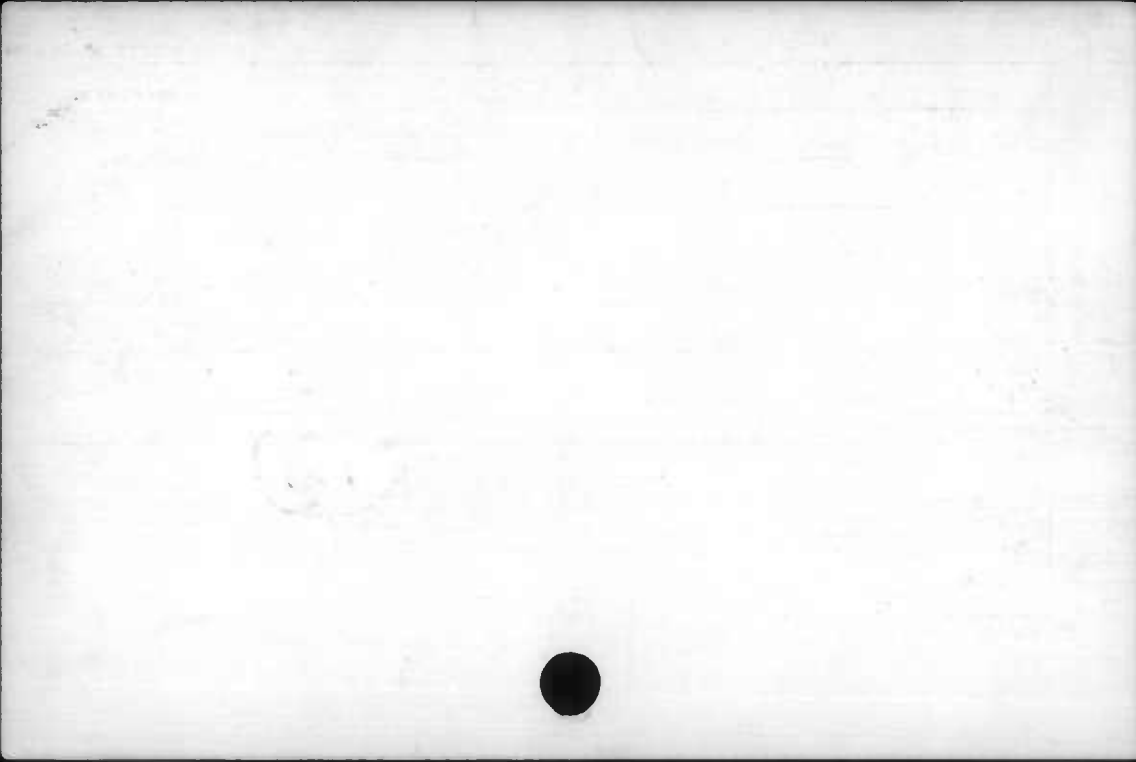
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. H. Libbans*

Address *Croom Md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Josephine Brawner.
Town Pr. Geo.

Died at Accokeek. Date of death 1901 Jan 27 Age 3 Months 7 Days 3

Sex Female Color or Race Colored. Birth-place Accokeek Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Joseph Brawner.

Father's Birthplace Ches Co. Md.

Mother's Maiden Name Lizzie Butler.

Mother's Birthplace Accokeek Md.

Name of person giving Information Joseph Brawner.

How related to deceased Father.

CAUSES OF DEATH

Primary

How long

Immediate Membranous Croup
Are the name, age, sex, color, date and place correctly given above? Yes.

How long 3 days.

Signature of Physician

E. D. Hurth. M.D.
Lincobury Md.

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Leola Brice

Town

County

MARYLAND

Died at *Phuclale*

P. G.

Date

Month

Day

Years

Months

Days

of death

1900

Jan

31

Age

92

Sex

Female

Color or
Race

Black

Birth-
place

Virginia

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John Brice

Father's
Name

Charles

Father's
Birthplace

Virginia

Mother's
Meiden Name

not known

Mother's
Birthplace

Virginia

Name of person giving
Information

Wm Jackson

How related
to deceased

Son in law

CAUSES OF DEATH

Primary

Malnutrition & Debility

How long

Some months

Immediate

As Phreca

How long

Days long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

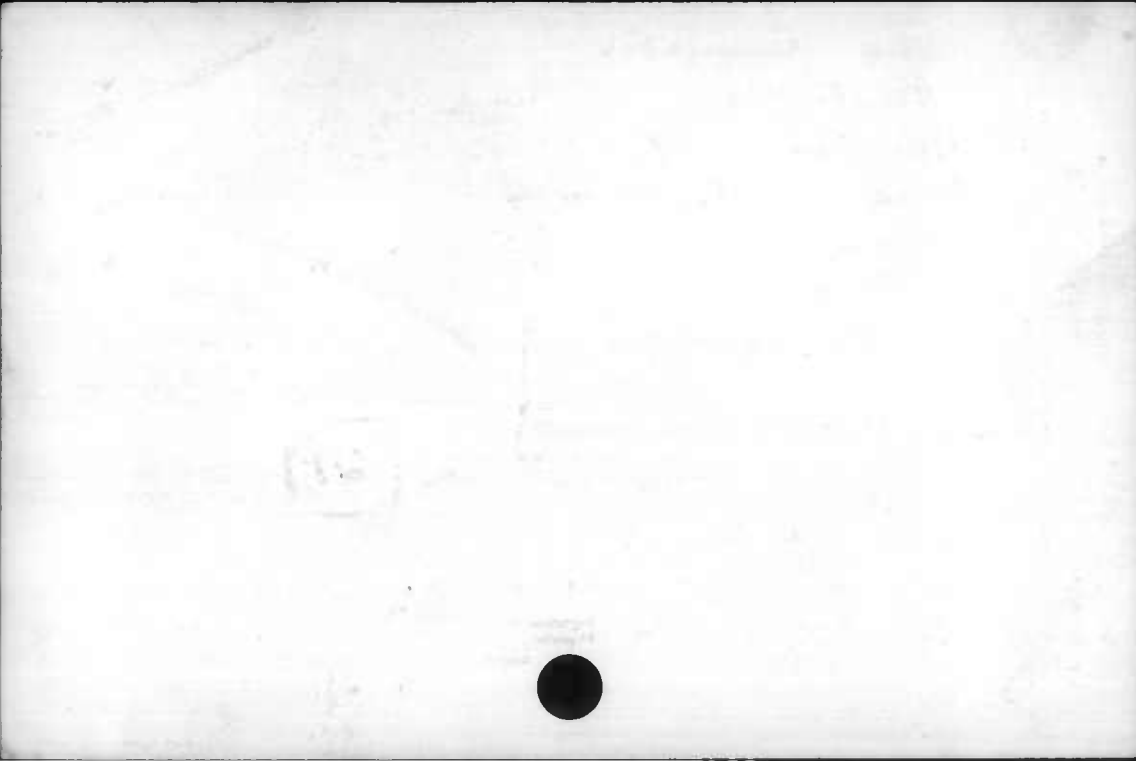
Address

*Wm. D. Russell M.D.
Springfield
Mo.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Cameron* Town *Huntsville* County *Prince George* MARYLAND

Died at *Huntsville* Month *Jan* Day *29* Age *52* Years Months Days

Date of death 19*80*

Sex *Male* Color or Race *White* Birth-place *Scotland*

Occupation *Farmer* Where Residing if not at place of death

Marrisd, Single or Widowed *Married* Name of Wife or Husband *Agnes S. B. Cameron*

Father's Name *John Cameron* Father's Birthplace *Scotland*

Mother's Maiden Name *Elizabeth Frazier* Mother's Birthplace *Scotland*

Name of person giving Information *William Cameron* How related to deceased *Son*

CAUSES OF DEATH

119

V

PHYSICIAN
OR CORONER

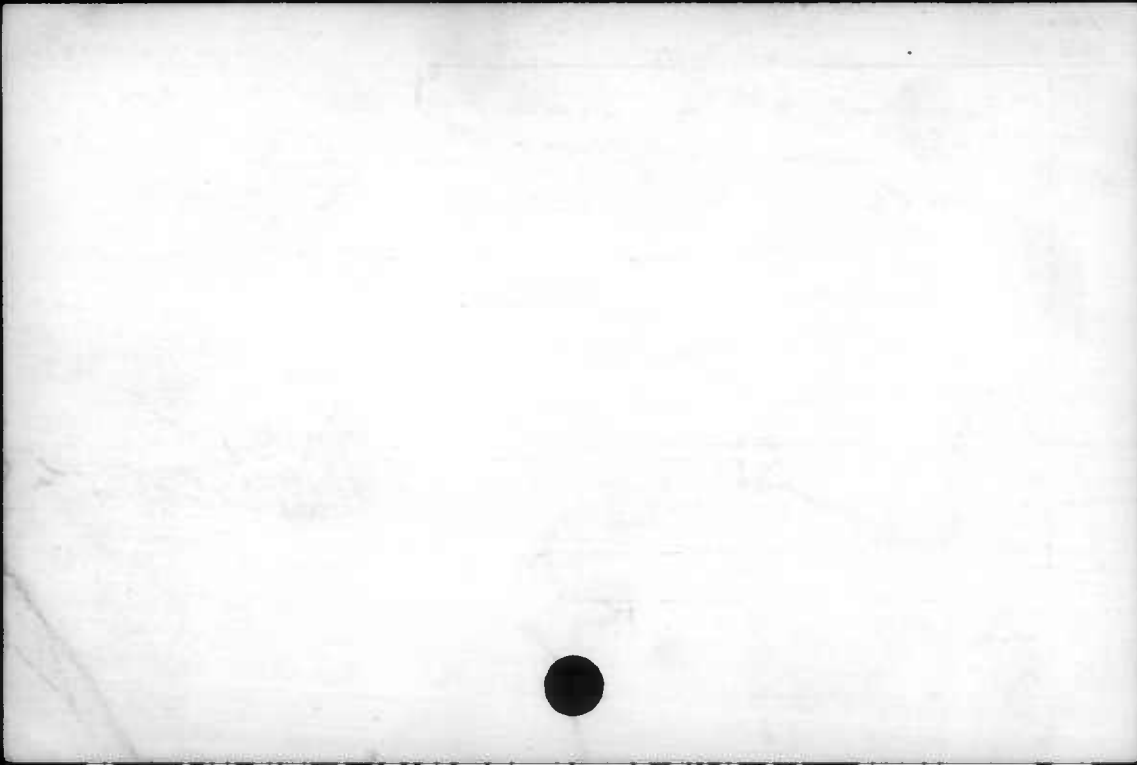
Primary *Uremia* How long *One week*

Immediate *Uremic Convulsions + Heart failure* How long *About 24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R. A. Schoonover M.D.*

Address *Benning D.C.*

Accident or Suicide *No.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

not named Casserly
Died at Dodge Park Prince Georges
Town County
Date of death 1960 Jan 1 Age 1 Months 2 Days 2
Sex male Color or Race white Birth-place Md.
Occupation _____
Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Michael Casserly Father's Birthplace Pa.
Mother's Maiden Name Ruth Swift Mother's Birthplace Md.
Name of person giving Information Michael Casserly How related to deceased Father

CAUSES OF DEATH

Primary Premature Birth How long 151
Immediate Swifter How long 151
Are the name, age, sex, color, date and place correctly given above? ☒

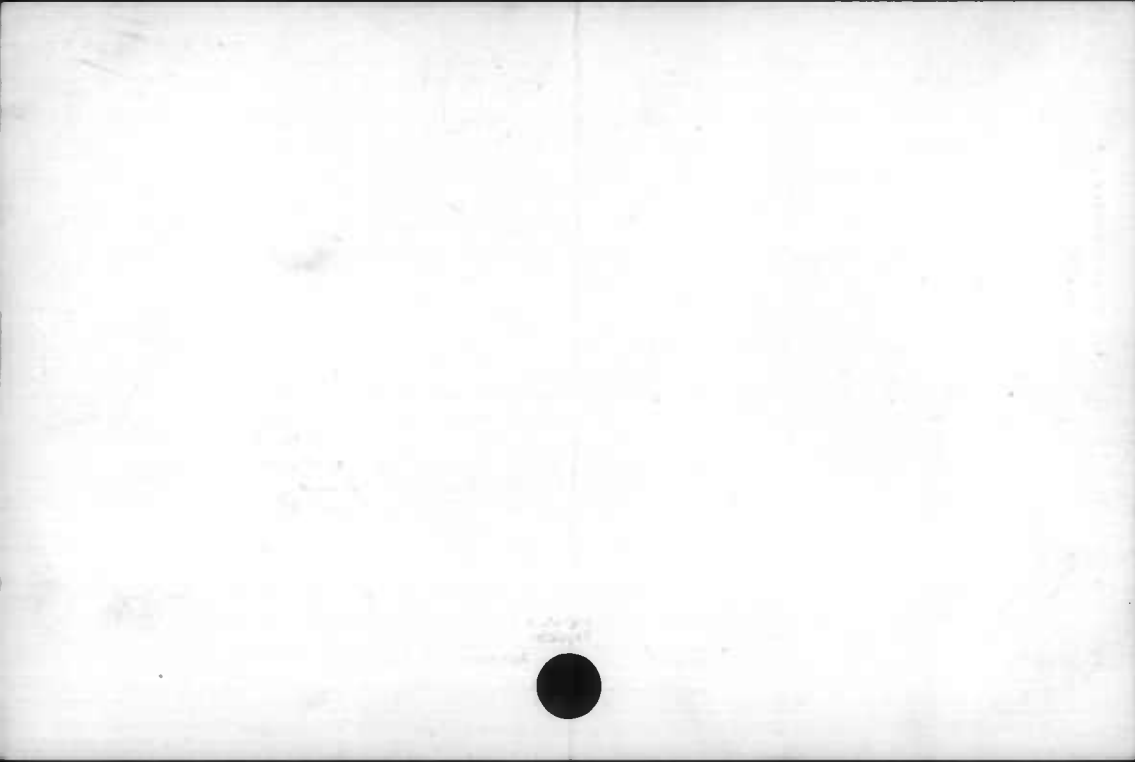
Signature of Physician

Address

28 Kemp
433 8th NW

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mary Louisa Clark

TO BE ANSWERED BY
NEAREST FRIEND

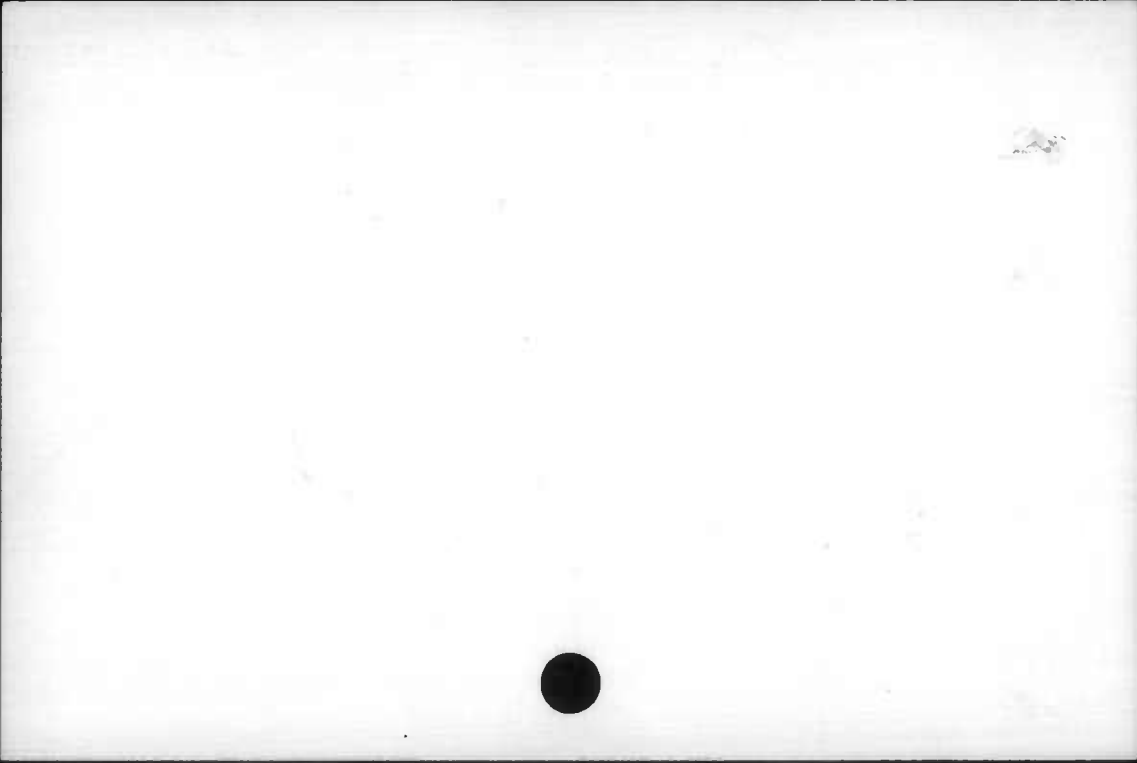
Died at <u>Hyattsville</u>		County <u>Rn Dco</u>		MARYLAND	
Date of death <u>1900</u>	Month <u>Jan</u>	Day <u>9</u>	Age <u>45</u>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Washington D.C.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henry Clark</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Mary Louisa Frazier</u>	Mother's Birthplace <u>Va</u>				
Name of person giving Information <u>Henry Clark</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

28 ✓

PHYSICIAN
OR CORONER

Primary <u>Pulmonary tuberculosis</u>	How long <u>2 years</u>
Immediate <u>Exhaustion</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
<u>2</u>	Address <u>Hyattsville Md</u>
Accident or Suicide <u>Neither</u>	



Name
in
Full

Ellen Coates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Shuff Road* ^{Town} *Prince George* ^{County} **MARYLAND**

Date of death *1910* ^{Month} *Jan* ^{Day} *14* ^{Years} *80* ^{Months} ^{Days}

Sex *Female* Color or Race *Colored* Birth-place *Ind.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Abraham Coates*

Father's Name *Michael Jones* Father's Birthplace *Ind.*

Mother's Maiden Name *Amelia Ross* Mother's Birthplace *Ind.*

Name of person giving information *Benjamin Lee Allen* How related to deceased *Nephew*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Influenza

How long

About one week

Immediate

Capillary Bronchitis

How long

About 3 days

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

R. A. Schomrose

Address

*Benning
D.C.*

Accident or Suicide?

White Marsh

Frank Wood

Ray, Lee Allen, informant

Name
in
Full

Lillie Coates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

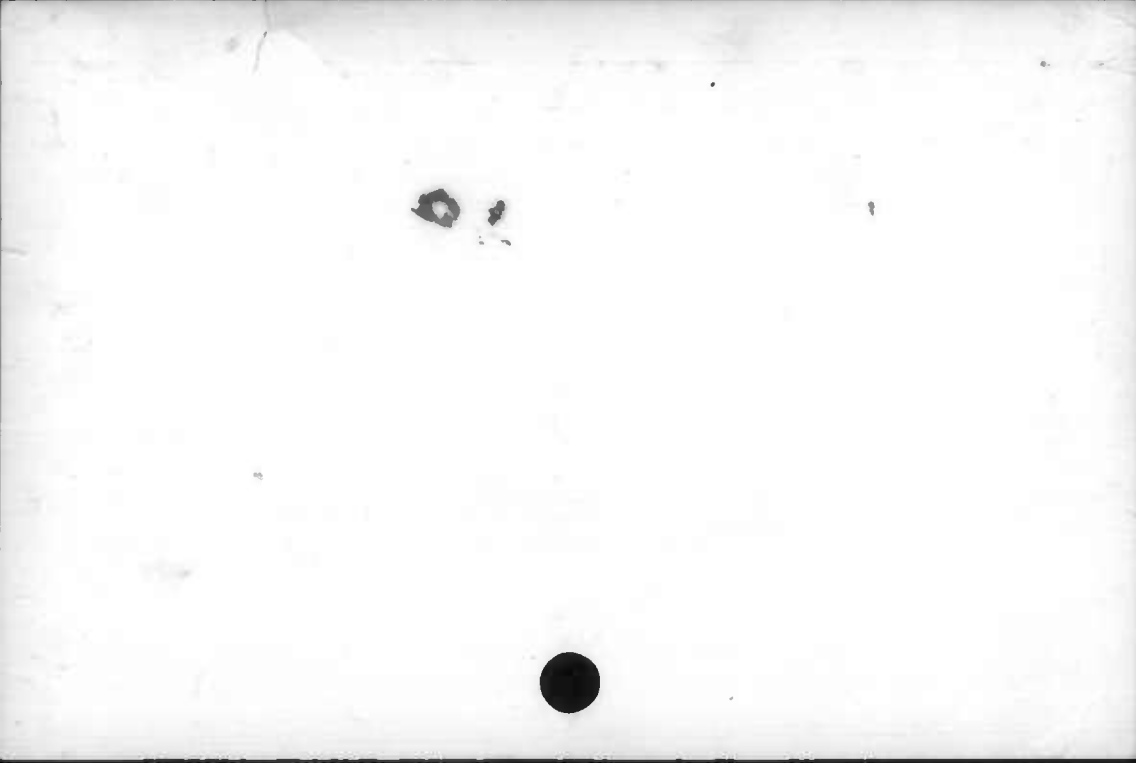
Died at <u>Allen Town</u> ^{Town}		<u>Pr Geo</u> ^{County}		MARYLAND	
Date of death <u>1960</u>	<u>JAN 10</u> ^{Month} <u>1960</u> ^{Year}	Age <u>19</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color <u>Red</u>	Birth-place <u>Md.</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed	Name of Wife or Husband <u>—</u>				
Father's Name <u>Hillary Coates</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Kitty Edelen</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving Information <u>Elmer Edelen</u>	How related to deceased <u>Cousin</u>				

CAUSES OF DEATH

(27) ✓

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>1 yr</u>
Immediate <u>Exhaustion of vital forces</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. P. Simpson M.D.</u>
	Address <u>Long Heights</u>
Accident or Suicidal <u>—</u>	



Name
in
Full

Richard H. Dade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Mentwood* ^{County} *Prince Georges* **MARYLAND**

Date of death 19*81* ^{Month} *1* ^{Day} *18* ^{Years} *56* ^{Months} *-* ^{Days} *-*

Sex *Male* Color or Race *Colored* Birth-place *Chas. Co. Md.*

Occupation *Labourer* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Dade*

Father's Name *Washington Dade* Father's Birthplace *Chas Co. Md.*

Mother's Maiden Name *Elizabeth C. Dade* Mother's Birthplace *Chas Co. Md.*

Name of person giving Information *Elizabeth Dade* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary *Acute Bronchitis* 39 ^{How long} *10 days*

Immediate *Bacterial Nephritis* ^{How long} *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of
Physician

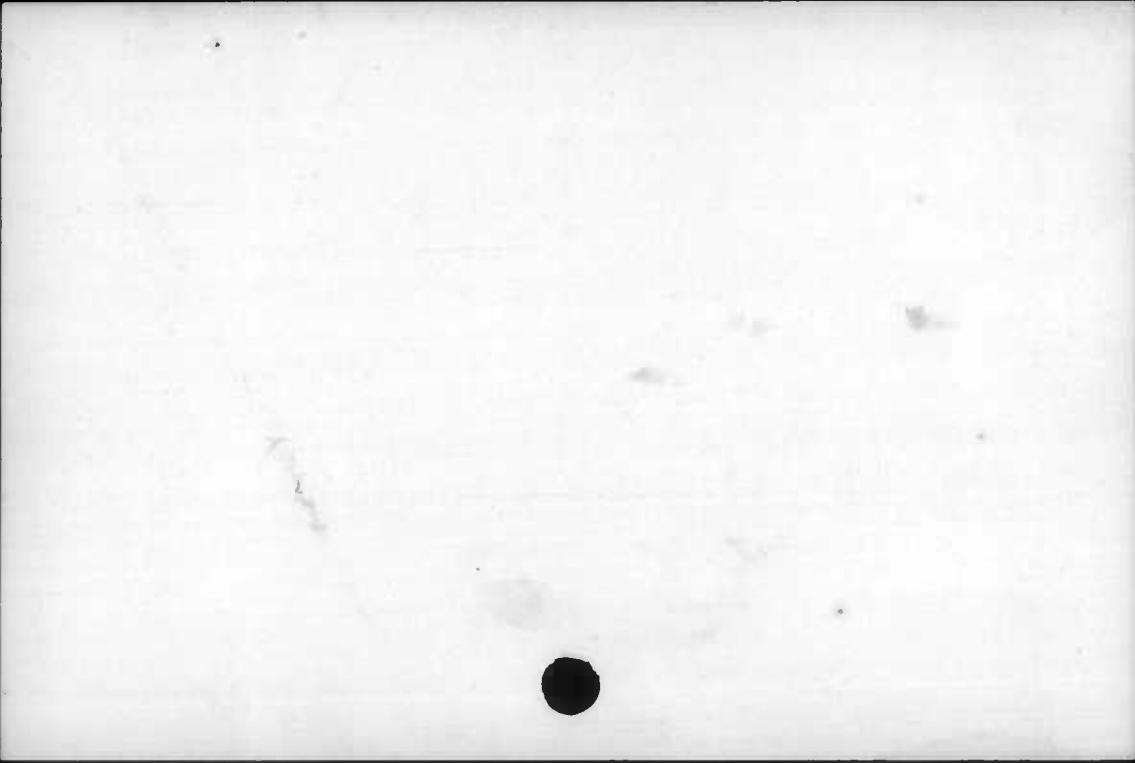
Address

*Harry Kelley M.D.
Wm. Raimin Md.*

Accident or Suicide



Name in Full		Delia Diggs				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Burrow		County D. G. County		MARYLAND		
		Date of death 1900		Month 1	Day 19	Age —	Years —	Months —
		Sex Female		Color or Race — black		Birth-place Burrow		
		Occupation —		Where Residing if not at place of death —				
		Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name John Diggs Jr				Father's Birthplace Ma		
		Mother's Maiden Name Delia Hunt				Mother's Birthplace Ind		
		Name of person giving information Father				How related to deceased Father		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary				How long 2		
		Immediate Still born				How long		
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician No Physician in attendance		
		Address L. E. Padgett acting coroner				Sgt Register Upper Marlboro		
		Accident or Suicide? —						



Name
in
Full

CERTIFICATE OF DEATH

Enoch L. Briggs

Town

County

MARYLAND

Died at *Lanham*

Prince George

Date of death 19*40* Jan

Month

Day

Age

Years

Months

Days

Sex *male*

Color or
Race

colored

Birth-
place

Ind.

Occupation

infant

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Thomas E. Briggs

Father's
Birthplace

Ind.

Mother's
Maiden Name

Martha E. Plater

Mother's
Birthplace

Ind.

Name of person giving
information

Thomas E. Briggs

How related
to deceased

father

CAUSES OF DEATH

Primary

pneumonia

How long

2 weeks

Immediate

aspiration

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

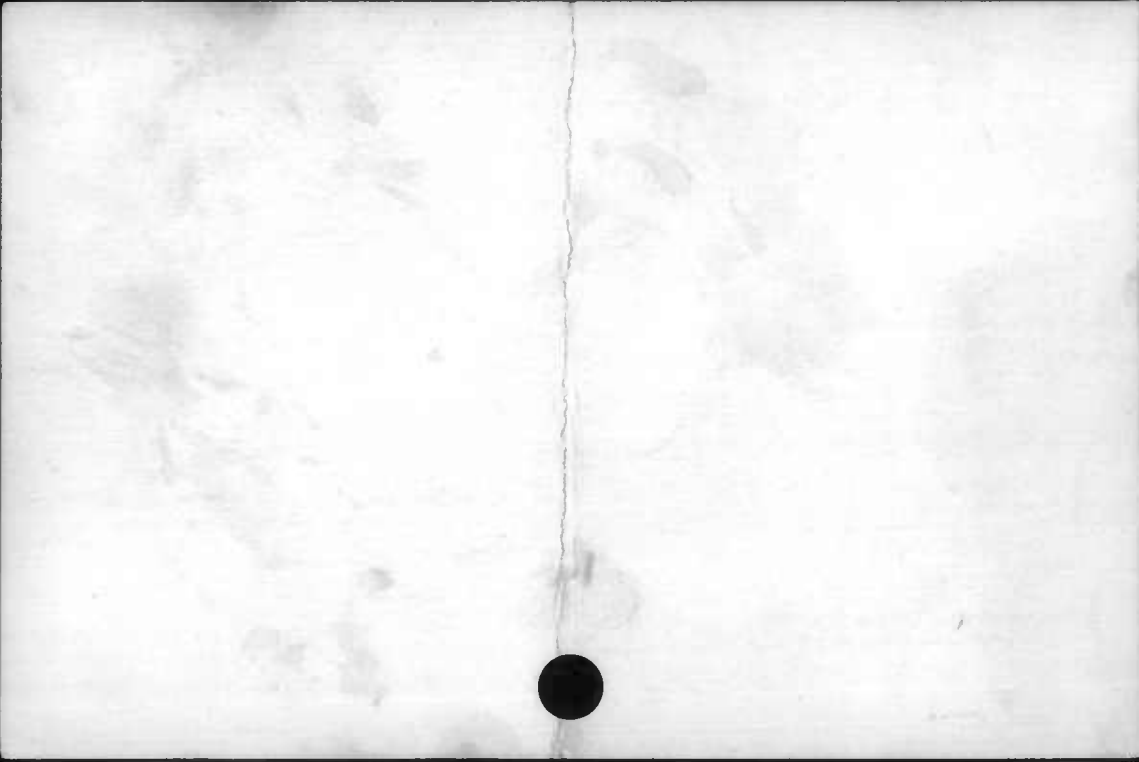
Address

J M Brady
Kimber road W.S.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ellen B. Drury* Town *Laurel* County *P. 420*
Died at *Laurel*
Date of death *1960* Month *May* Day *23* Age *68* Months *11* Days *0*
Sex *Female* Color of Race *White* Birth-place *Ind*
Occupation *Retiree* Where Residing if not at place of death *Laurel Ind*
~~Married, Single or Widowed~~ *Yes* Name of Wife or Husband *Richard Drury*
Father's Name *Ch. Penn* Father's Birthplace *Ind*
Mother's Maiden Name *Maranda Morrison* Mother's Birthplace *Ind*
Name of person giving Information *Alice Nottingham* How related to deceased *Daughter*

CAUSES OF DEATH

43 ✓

PHYSICIAN
OR CORONER

Primary *Carcinoma Breast* How long *2 yrs.*
Immediate *Pneumonia* How long *4 days*
Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *[Signature]*
Address *Laurel Ind*
Accident or Suicide *[Mark]*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Donaldson* Town *Laurel* County *Prince George* MARYLAND

Died at *Laurel* Month *Jan.* Day *22* Age *75* Years *—* Months *—* Days *—*

Date of death *190*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing If not at place of death *Prince George Co*

Married, Single or Widowed *Widowed* Name of Wife or Husband *not known*

Father's Name *not known* Father's Birthplace *Maryland*

Mother's Maiden Name *not known* Mother's Birthplace *Maryland*

Name of person giving Information *J. W. Knowles* How related to deceased *Son in Law*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

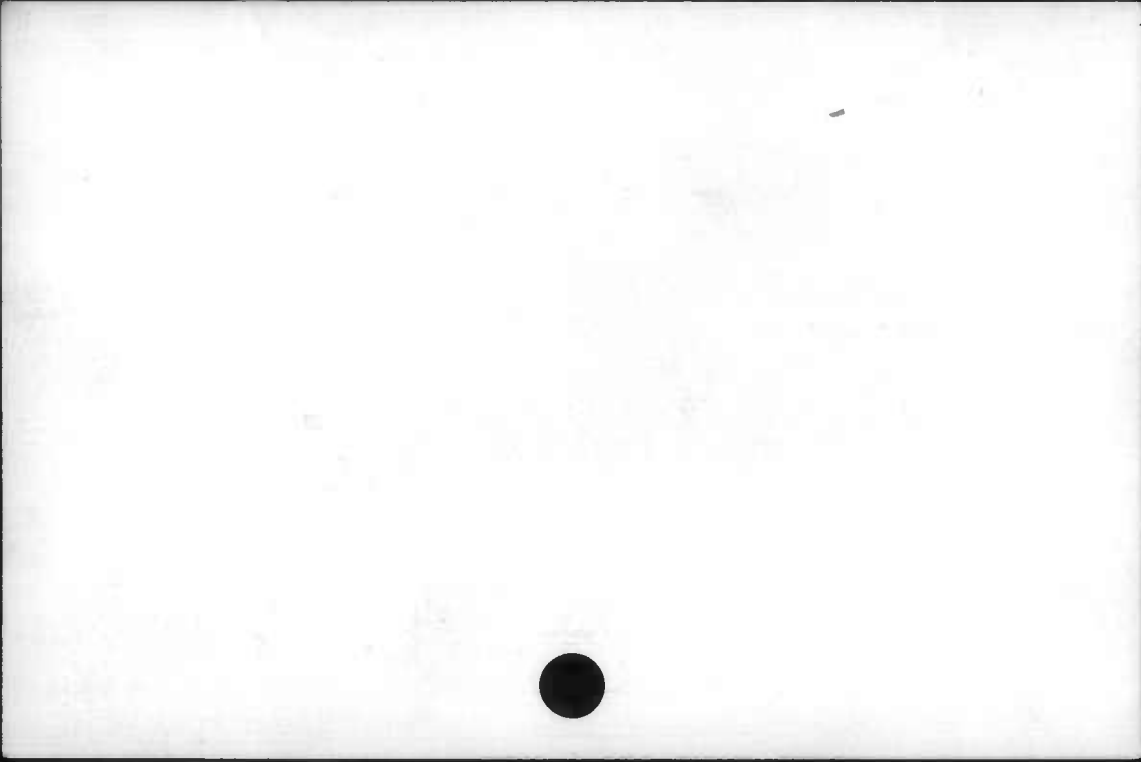
Primary *Chronic Nephritis* How long *not known*

Immediate *Exhaustion from old age* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Amelia H. Wacker* Address *Laurel, Md.*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Friendly

Month

Date

of death

1900

Jan.

Day

27

Age

Years

24

Months

Days

Sex

Male

Color of
Race

White

Birth-
place

P. Geo. Md.

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

James R. Edelen

Father's
Birthplace

P. Geo. Co. Md.

Mother's
Maiden Name

Adie Hunter

Mother's
Birthplace

P. Geo. Co. Md.

Name of person giving
Information

James Edelen

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

4 years

Immediate

Pulmonary Tuberculosis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. D. Hurth

Address

Occutaway
Md.

Accident or Suicide

PHYSICIAN
OR CORONER

UNIVERSITY OF
MICHIGAN



Name
in
Full

CERTIFICATE OF DEATH

Andrew Fletcher

MARYLAND

Died at ^{Town} *near Bowie* ^{County} *PH*
Date of death 19*90* ^{Month} *Jan* ^{Day} *13* ^{Years} *23* ^{Months} *4* ^{Days} *25*

Sex *Male* Color or Race *Colord* Birth-place *Near Bowie*

Occupation *R Roading* Where Residing if not at place of death *Near Bowie*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *James Fletcher* Father's Birthplace *Near Bowie*

Mother's Maiden Name *Elizie Herbert* Mother's Birthplace *Near Bowie*

Name of person giving Information *James Fletcher* How related to deceased *Father*

CAUSES OF DEATH

92

Primary *Pneumonia* How long *7 days*
Immediate *Heart Failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James H. Truitt*
Address *Bowie Md*

Accident or Suicide *No.*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Rachel K. Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

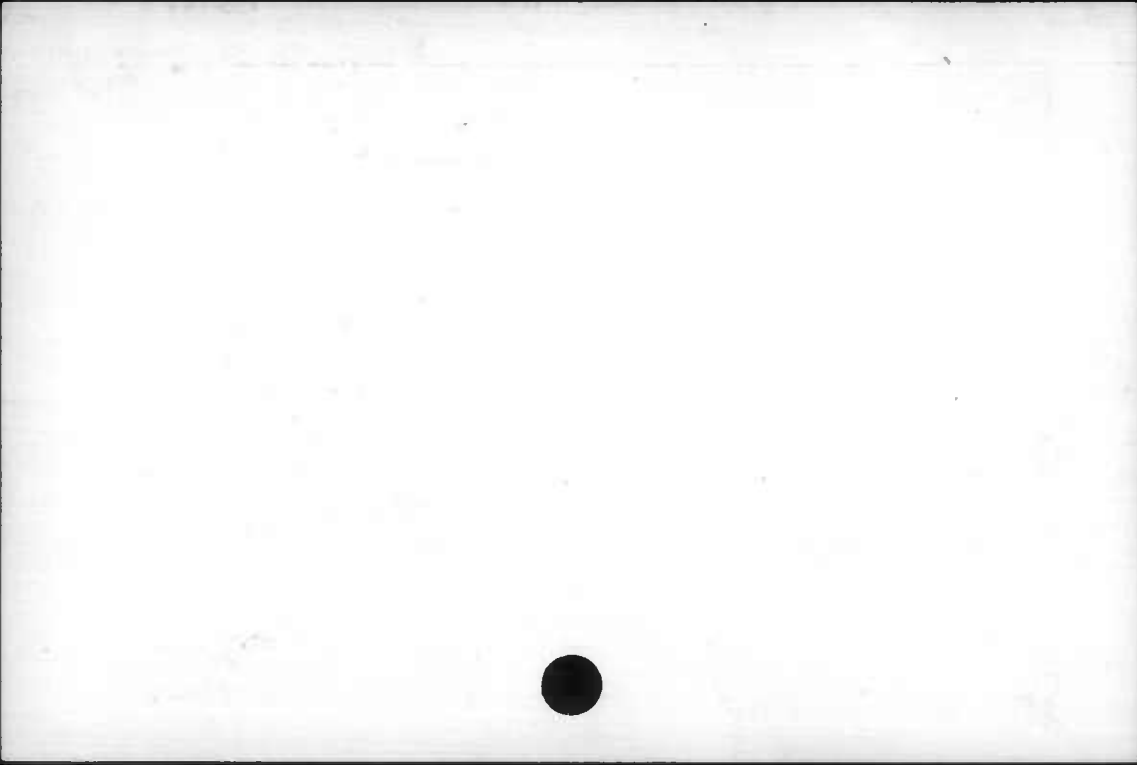
Died at		Town Upper Marlboro		County Fr. Geo		MARYLAND	
Date of death	1900	Month July	Day 24	Age 9	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Fr Geo Co.
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	R E. Ford				Father's Birthplace	A. A. Co Md	
Mother's Maiden Name	Rogers				Mother's Birthplace	" " "	
Name of person giving Information	R E. Ford				How related to deceased	Father	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Don't know
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr Griffith
		Address	Upper Marlboro Md
Accident or Suicide			



Name
in
Full

Alice Lohma Frisard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brentwood ^{Town}		Prince Georges ^{County}		MARYLAND	
Date of death 1900	Jan. ^{Month}	9th ^{Day}	Age — ^{Years}	11 ^{Months}	25 ^{Days}
Sex Female	Color or Race White		Birth-place Brentwood Md.		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Louis J. Frisard			Father's Birthplace Wash. D.C.		
Mother's Maiden Name Rosalind Kelly			Mother's Birthplace West Va.		
Name of person giving information Father			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Lobular Pneumonia	How long 6 da
Immediate Cardiac Syncope	How long 2 hrs
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Thos. Farmer
Yes	Address Hyattsville
Accident or Suicide?	

Chas. L. Turner.
Johnson Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

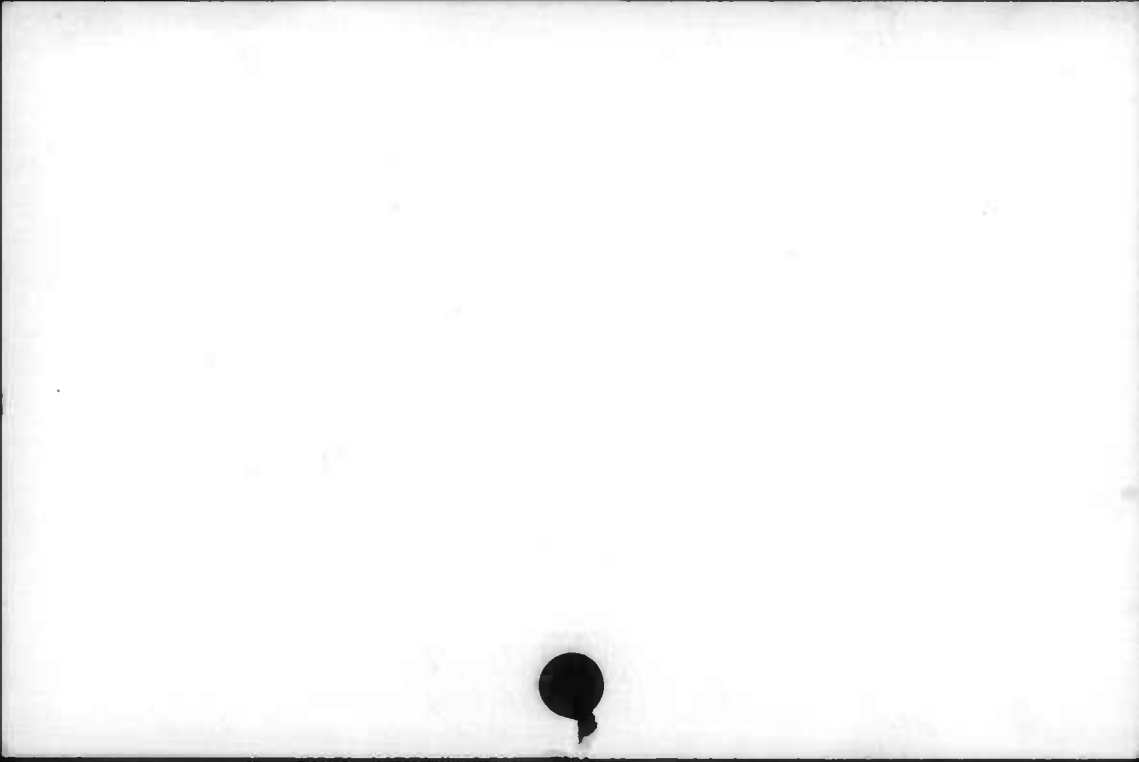
Mrs. Georgianna Green.
Died at *Near Murrkirk Pr. Geo.* ^{Town} ^{County} **MARYLAND**
Date of death *1960* ^{Month} *1* ^{Day} *26* ^{Years} *66* ^{Months} ^{Days}
Sex *Female* Color or Race *White* Birth-place *Montgomery Co.*
Occupation *House wife* Where Residing if not at place of death *Near Murrkirk*
Married, Single or Widowed *Married* Name of Wife or Husband *Saml. E. Green.*
Father's Name *Riehard Thompson* Father's Birthplace *Not Known.*
Mother's Maiden Name *Adelia Keys-* Mother's Birthplace *" "*
Name of person giving Information *Walter Green* How related to deceased *Son.*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Broncho-Pneumonia*How long *5-day*
How long

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Dr. R. C. Horner*
Address *Barnd...*Accident or Suicide *No.*



Name
in
Full

CERTIFICATE OF DEATH

Nancy J. Hains

Town

County

MARYLAND

Died at

Laurel

P. 22

Date

of death 1900

Month

May

Day

3rd

Age

Years

80

Months

9

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Ohio

Occupation

Retiree

Where Residing if not
at place of death

Laurel

Married, Single
or Widowed

Name of Wife or
Husband

W. H. Hains

Father's
Name

Andrew Myers

Father's
Birthplace

Penna

Mother's
Maiden Name

Dorilla Donaldson

Mother's
Birthplace

Penna

Name of person giving
Information

Ida Buerhaus

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Calculus heart disease

How long

Undetermined

Immediate

Asthma

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. F. Taylor

Address

Laurel Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full



Stephen G. Harrison

CERTIFICATE OF DEATH

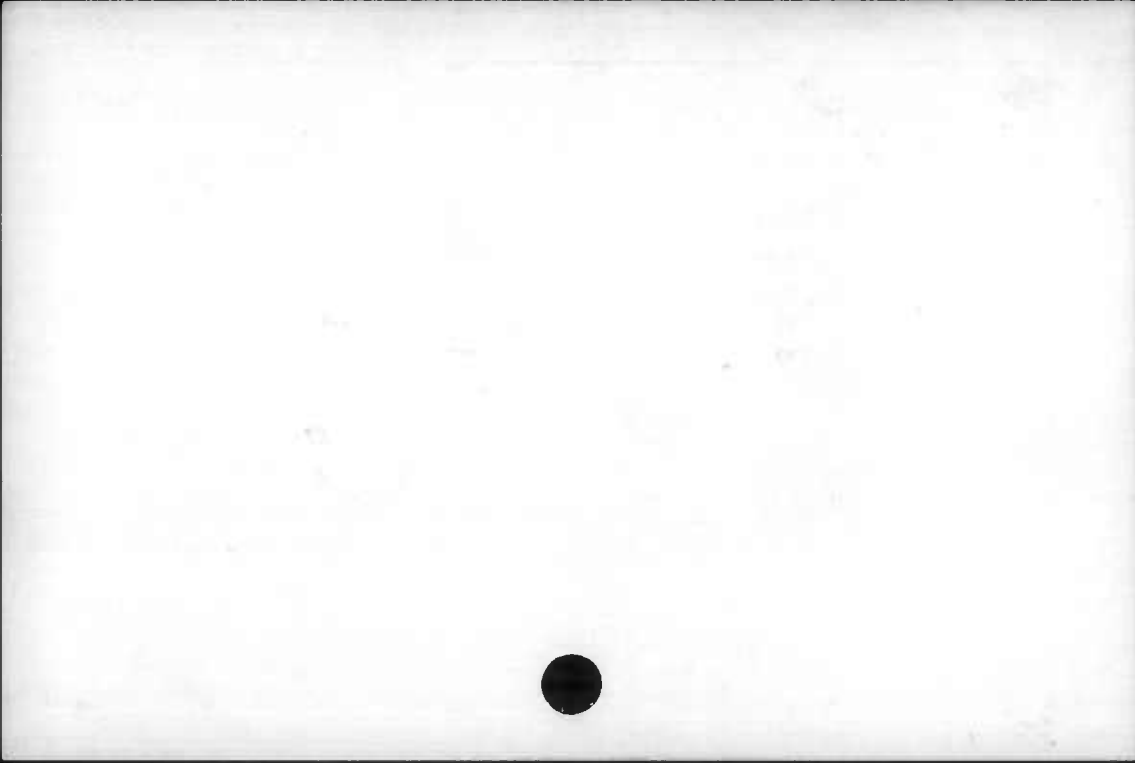
Died at		Tow Marebro		County D Geo		MARYLAND	
Date of death		19	Month Jan'y	Day 1	Age 40	Months —	Days —
Sex	Male	Color or Race	White		Birth-place	Calvert Co. Md	
Occupation	Carpenter		Where Residing if not at place of death —				
Married, Single or Widowed	Married		Name of Wife or Husband Fannie Harrison				
Father's Name	Charles Harrison				Father's Birthplace	Calvert Co	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving Information	Lecher King				How related to deceased	Cousin	

CAUSES OF DEATH

28

Primary	Tuberculosis		How long	2 yrs. 1 mo
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician D. Giffith		
Address		Upper Marebro Md		
				
				
Accident or Suicide				

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

Isaac Hutchinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Patch Town Prince George County MARYLAND

Date of death 1900 Month 1 Day 8 Age 10 Years Months Days

Sex male Color or Race White Birth-place md

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Edward M. Hutchinson Father's Birthplace md

Mother's Maiden Name Effie V. Simpson Mother's Birthplace md

Name of person giving Information Isaiah Jones How related to deceased none

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary General weakness How long Since birth

Immediate debility How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Shu E. Lanchbury Address Forestville

Accident or Suicide neither md

E. Littleford
Forestville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

'Infant' *Hutchinson*

Town

County

Died at

Rephub

Prince George

MARYLAND

Date

of death 1900

Month

1

Day

1

Age

Years

Months

Days

2 days

Sex

male

Color or
Race

White

Birth-
place

md

Occupation

none

Where Residing if not
at place of death

md

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Edward M. Hutchinson

Father's
Birthplace

md

Mother's
Maiden Name

Effie V. Simpson

Mother's
Birthplace

md

Name of person giving
Information

Edward M. Hutchinson

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

General weakness

How long

since birth

Immediate

debility

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

*John E. Gansbury D.O.
Forrestville
md*

Accident or Suicide

neither

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Eriza Jackson

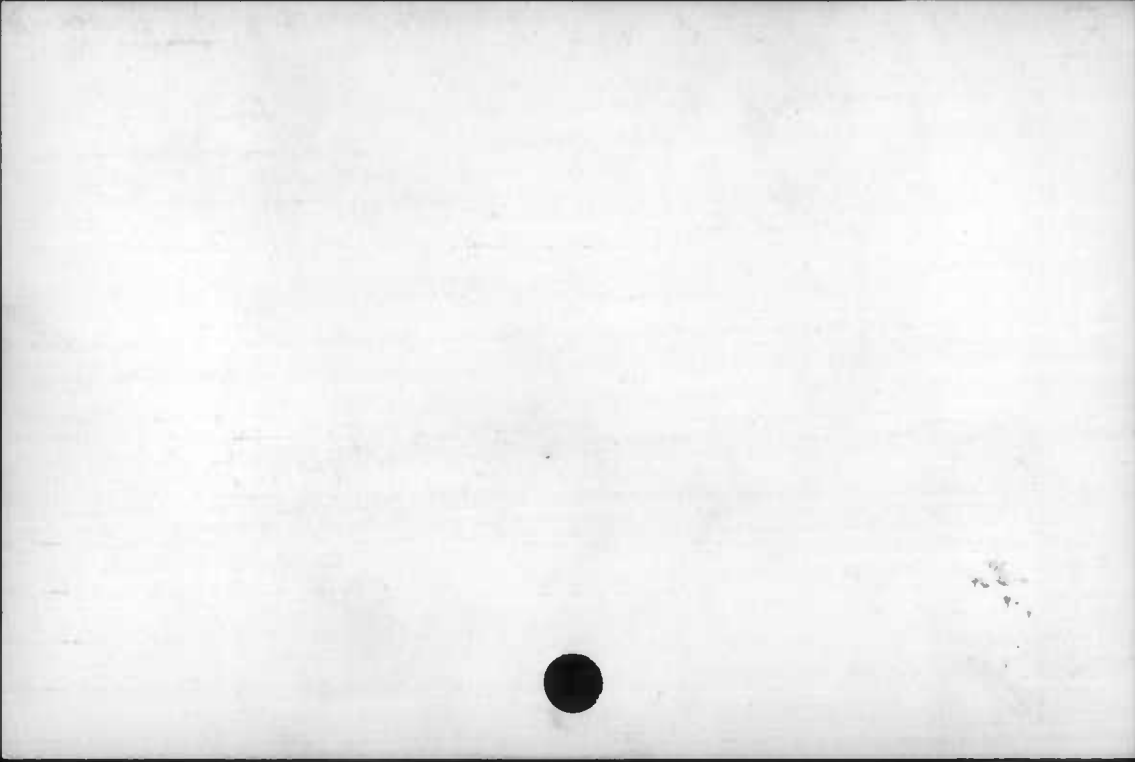
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Upper Marlbow</u> ^{Town} <u>P. G.</u> ^{County}		MARYLAND	
Date of death <u>1900</u> ^{Year} <u>1st</u> ^{Month} <u>14</u> ^{Day}	Age <u>80</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Charles Co Md</u>	
Occupation <u>None</u>	Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Samuel Jackson</u>		
Father's Name <u>Don't Know</u>	Father's Birthplace <u>Don't Know</u>		
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>Don't Know</u>		
Name of person giving information <u>Isaac Deveal</u>	How related to deceased <u>None</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Don't Know</u>	How long <u>189</u> ^{Years}
Immediate <u>Don't Know</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. C. Crissman</u>
<u>J</u>	Address <u>Sub Registrar Upper Marlbow Md</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles H. Johnson* Town *Allintown* County *Pr Geo*
Died at *Allintown* *Pr Geo* MARYLAND
Date of death 19*10* Month *1* Day *9* Age *67* Years Months Days
Sex *male* Color or Race *colored* Birth-place *Md*
Occupation *Laborer* Where Residing if not at place of death
Married, ~~Single~~ *Married* Name of Wife or Husband *Mary P Johnson*
Father's Name *Sandy Johnson* Father's Birthplace *Md.*
Mother's Maiden Name *Annet* Mother's Birthplace *id*
Name of person giving Information *Irvin Johnson* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Interstitial Nephritis* How long *1 yr*
Immediate *Dropsy + Exhaustion* How long *3 yrs*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E. P. Simpson MD*
Address *Long Hgths*
R D NO 5
Accident or Suicide ☒



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lewis Johnson*
Town *Near Pigeon Point G. L.* County
Died at *Near Pigeon Point G. L.*
Date of death *1910* Month *Jan.* Day *5* Age *69* Years Months Days
Sex *Male* Color or Race *Colored* Birth-place *Kent Co. Md.*
Occupation *Farmer* Where Residing if not at place of death
Married, Single or Widowed *Widower* Name of Wife or Husband *Louise Johnson*
Father's Name *Unknown* Father's Birthplace *Unknown*
Mother's Maiden Name *Sarah Sanders* Mother's Birthplace *Kent Co. Md.*
Name of person giving Information *Alexander Johnson* How related to deceased *Son*

CAUSES OF DEATH

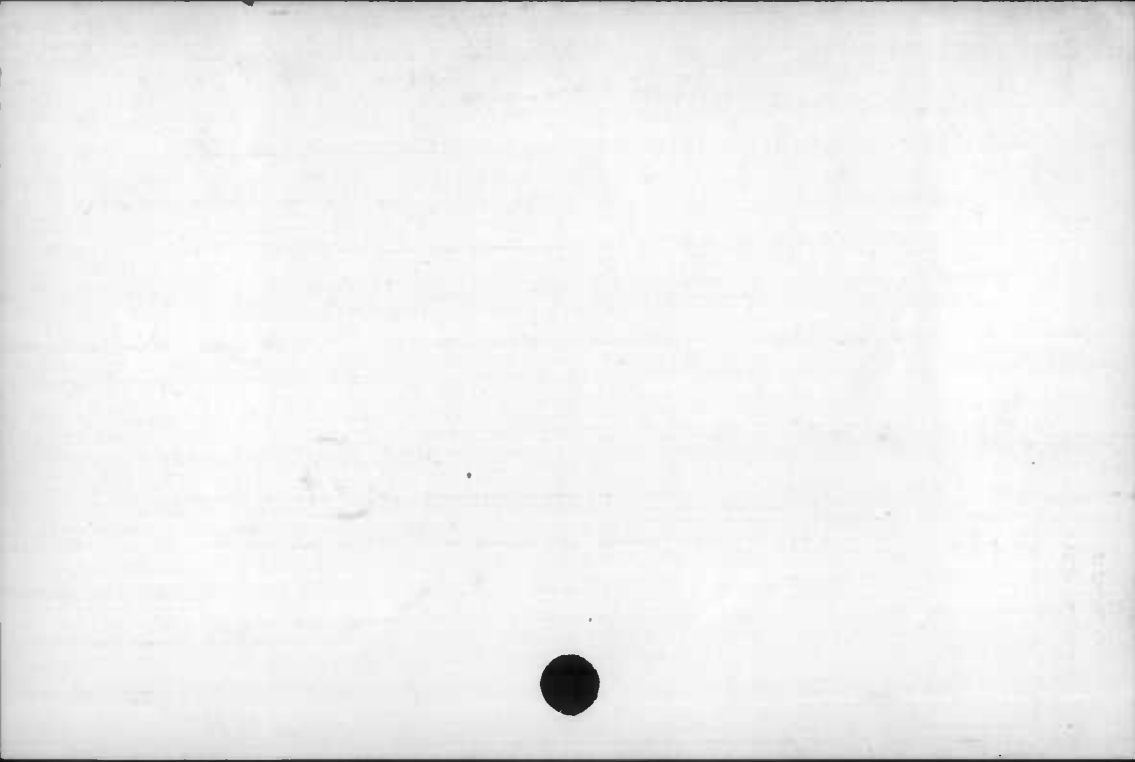
79

Primary *Heart Disease* How long *Unknown*
Immediate *Heart Failure & Asthma, died suddenly.* How long
Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *No physician in attendance.*
Address *E. D. Hurt, M.D. Piscataway*
Accident or Suicide *2*

PHYSICIAN
OR CORONER



Name in Full		710 name Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Nottingham		County Prince George		MARYLAND	
	Date of death	1900	Month January	Day 26	Age	Years	Months Days
	Sex	male		Color or Race	colored		Birth-place Maryland
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name	Richard Johnson				Father's Birthplace	Maryland
PHYSICIAN OR CORONER	Mother's Maiden Name	Sadie Harper				Mother's Birthplace	Maryland
	Name of person giving information	William Carroll				How related to deceased	none
	CAUSES OF DEATH						<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">8</div>
	Primary	Still born					
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Ernest H. Garner
						Address	Act. coroner Northkeys, Md
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

Name *Barbara Lawrence*

Town

County

MARYLAND

Died at

*Lanier**Prager*

Date

of death *1980*

Month

July

Day

1st

Age

72

Months

1

Days

1

Sex

*Female*Color or
Race*White*Birth-
place*Ma*

Occupation

*H. Keeper*Where Residing if not
at place of death*Lanier*~~Married, Single~~
or Widowed*yes*Name of Wife or
HusbandFather's
Name*John**Connally*Father's
Birthplace*D.C.*Mother's
Maiden Name*Ruth**Cham*Mother's
Birthplace*Ma*Name of person giving
Information*Emily**Spicer*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

apoplexy

How long

64 *48 hours*

How long

Immediate

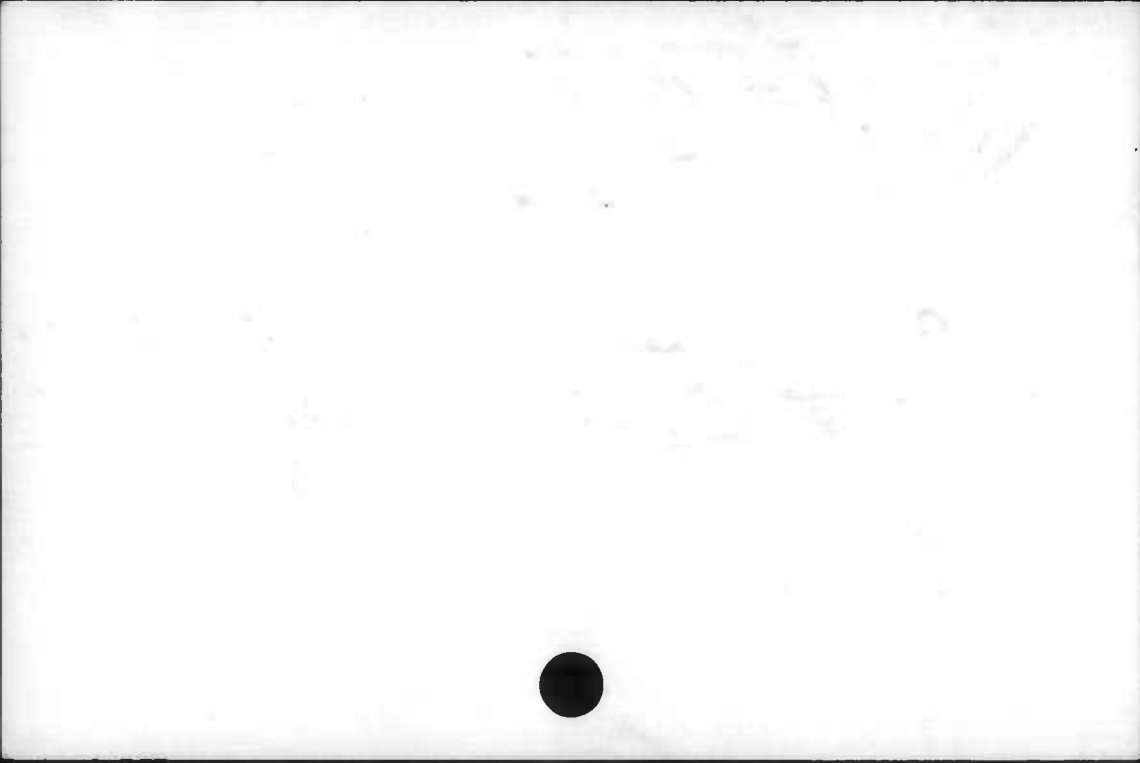
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

Dr. R. C. Harley
Lanier
Mo

Accident or Suicide

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

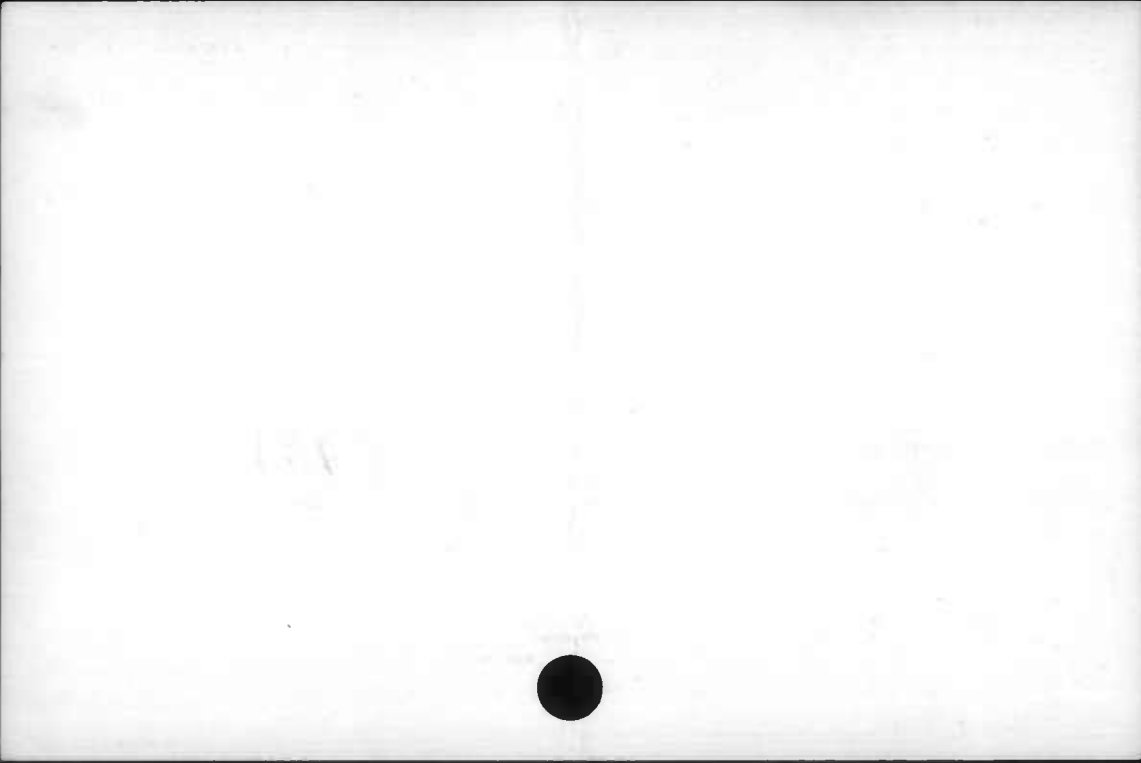
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Milburn Albert Lee.</i>		Town <i>Mitchellville</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Mitchellville</i>		Month <i>Jan</i>		Day <i>3</i>		Years <i>7</i>	
Date of death <i>1940 Jan 3</i>		Age <i>7</i>		Months <i>-</i>		Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>Maryland</i>			
Occupation <i>- None</i>		Where Residing if not at place of death <i>"</i>					
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Pinkney Lee</i>		Father's Birthplace <i>Prince George, Md</i>					
Mother's Maiden Name <i>Rose Adams</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Pinkney Lee</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary <i>Burned</i>		How long <i>-</i>	
Immediate <i>Caught in burning building</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>None.</i>	
Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/>		Address <i>Walter Ryan Local Registrar</i>	



Name

In
Full

Loretta Mildred McChesney

CERTIFICATE OF DEATH

MARYLAND

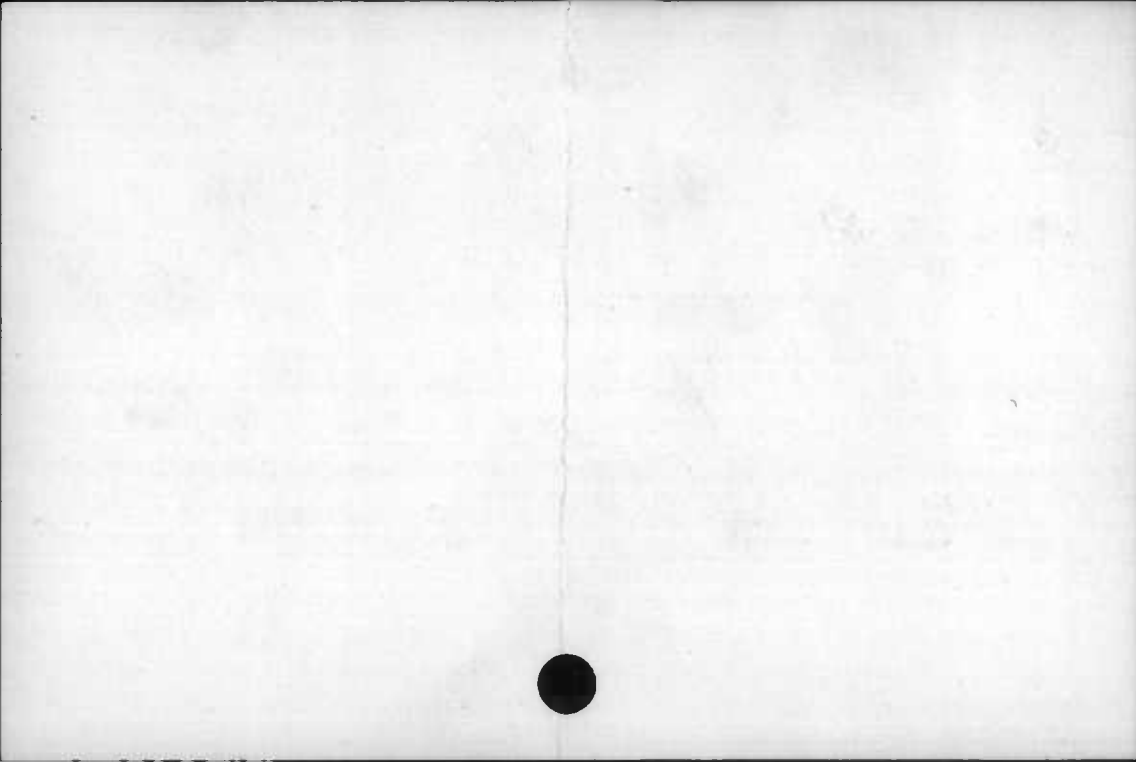
92
1918TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hyattsville		^{County} Prince Georges			
Date of death	1918	Month	Jan.	Day	2
Age	52	Years		Months	3
Sex	Female	Color or Race	White	Birth-place	Virginia
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband		
Father's Name	Didney F. Tisdale			Father's Birthplace	New Jersey
Mother's Maiden Name	Peyton			Mother's Birthplace	Virginia
Name of person giving Information	W. W. McChesney			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lobar Pneumonia	How long	8 days.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Harry Galley
		Address	Int. Rainer Rd.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

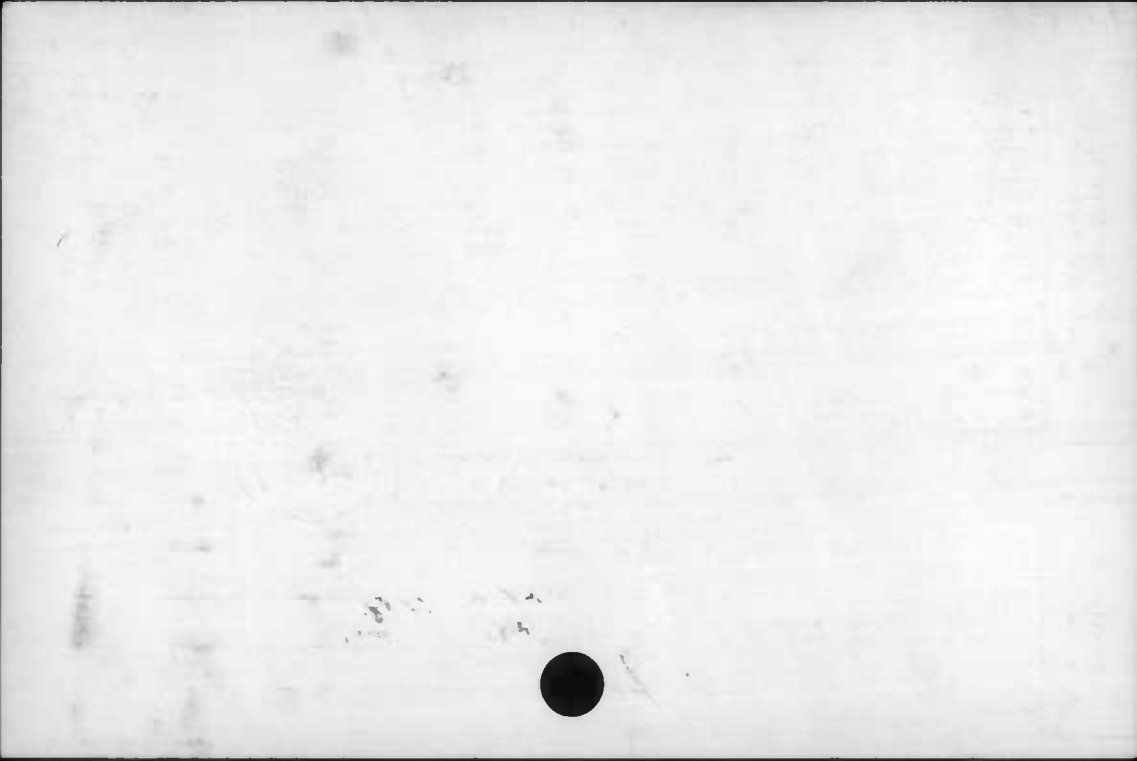
TO BE ANSWERED BY
NEAREST FRIEND

Name *Laura M. Pherson*
 Town *Forestville* County *Prince George* MARYLAND
 Died at
 Date of death *1910* Month *1* Day *15* Age *37* Years Months Days
 Sex *Female* Color or Race *Black* Birth-place *Chas Co Md*
 Occupation *Housework* Where Residing if not at place of death
 Married, Single or Widowed *married* Name of Wife or Husband *William M. Pherson*
 Father's Name *Wm Short* Father's Birthplace *Chas Co Md*
 Mother's Maiden Name *unknown* Mother's Birthplace *unknown*
 Name of person giving Information *Robert Jackson* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Premature birth* How long *4th month*
 Immediate *Septicemia* How long *3 days*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *J. Sausbury H.O.* Address *Forestville, Md.*
 Accident or Suicide *neither*



Name "Infant" in Full

Moore

CERTIFICATE OF DEATH

Died at Forestville Town Prima County George MARYLAND
 Date of death 1940 Month 1 Day 21 Age — Years — Months — Days 2 hours

Sex male Color or Race White Birth-place md
 Occupation none Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Lee A Moore

Father's Birthplace md

Mother's Maiden Name Blanche I Ball

Mother's Birthplace md

Name of person giving Information Lee A Moore

How related to deceased Father

CAUSES OF DEATH

151

Primary Premature birth 7th mo

How long

Immediate weakness

How long 2 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John E. Brunsing MD

Address Forestville, md

Accident or Suicide neither

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

Mary Elizabeth Morrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hyattsville</u> <small>Town</small>		<u>Pt. Leo</u> <small>County</small>		MARYLAND	
Date of death 19 <u>00</u>	<u>Jan</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age <u>67</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>22</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Harward Conn</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widow <u>married</u>	Name of Wife or Husband <u>Howard Morrison</u>				
Father's Name <u>Robert Bond</u>	Father's Birthplace <u>Maryland</u>		Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Matilda Davis</u>	How related to deceased <u>Husband</u>				
Name of person giving Information <u>Howard Morrison</u>					

CAUSES OF DEATH

79
How long

PHYSICIAN
OR CORONER

Primary <u>Mitral Regurgitation</u>	How long <u>2 years</u>
Immediate <u>Cardiac dilatation</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo W Salmer MD</u>
	Address <u>Hyattsville Md</u>
Accident or Suicide <u>neither</u>	



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth M. Whiselin

Town

Upper Marlboro'

County

Prince Georges

MARYLAND

Died at

Date

1900

Month

January

Day

17

Years

Age

79

Months

6

Days

Sex

Female

Color or
Race

White

Birth-
place

Manassas

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Robert Whiselin

Father's
Birthplace

Manassas

Mother's
Maiden Name

Mary E. Lansdale

Mother's
Birthplace

11

Name of person giving
Information

Frederick B. Basser

How related
to deceased

Nephew

CAUSES OF DEATH

164

V

Primary

A Fall, Fractured Hip.

How long

26 days

Immediate

Uremia

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

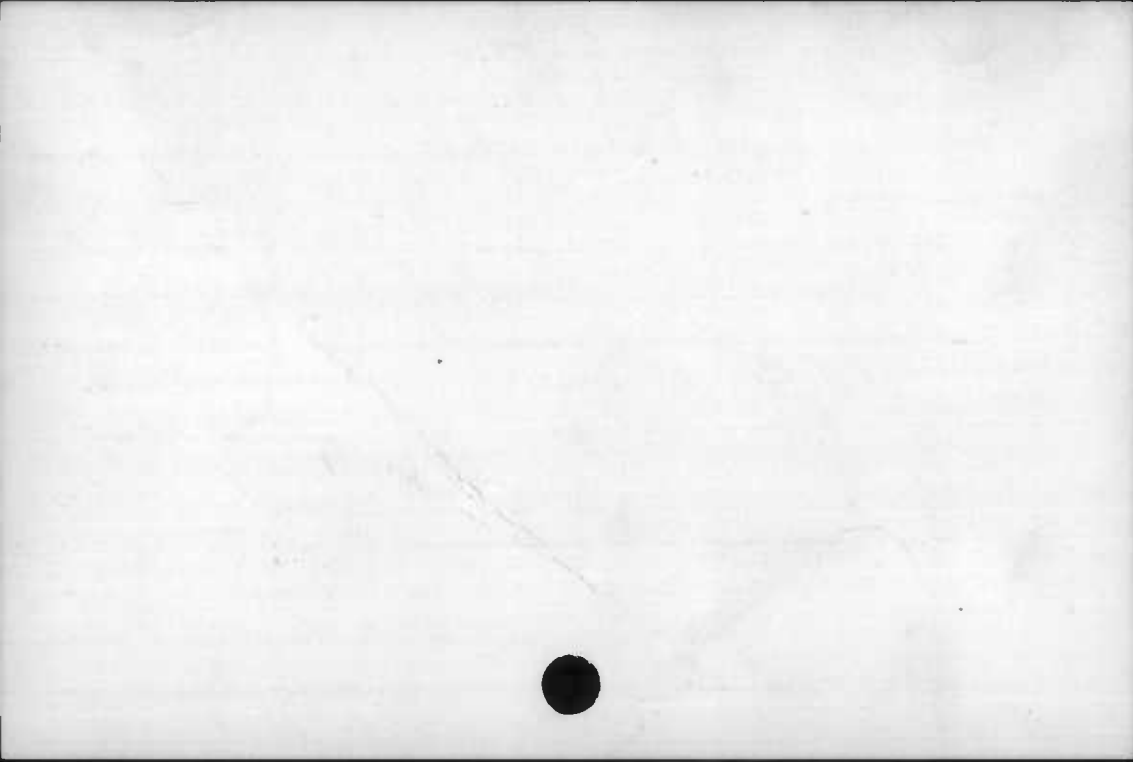
Reverdy S. Jacobson

Address

Upper Marlboro'
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Kenya Emory Parre
Town County

Died at *New Lamm* *P. 4th*

MARYLAND

Date of death *1906* Month *May* Day *18th* Age *5..* Months *2*

Sex *Male* Color or Race *White* Birth-place *Mass.*

Occupation *Butcher* Where Residing if not at place of death *New Lamm*

Married, Single or Widowed *Wid.* Name of Wife or Husband *Wm*

Father's Name *Polana Parre* Father's Birthplace *New York*

Mother's Maiden Name *Ada F. Hall* Mother's Birthplace *Va*

Name of person giving Information *Rufus Parre* How related to deceased *Father*

CAUSES OF DEATH

92
How long

Primary *Pneumonia* *4 weeks*

Immediate *Bronchitis* How long

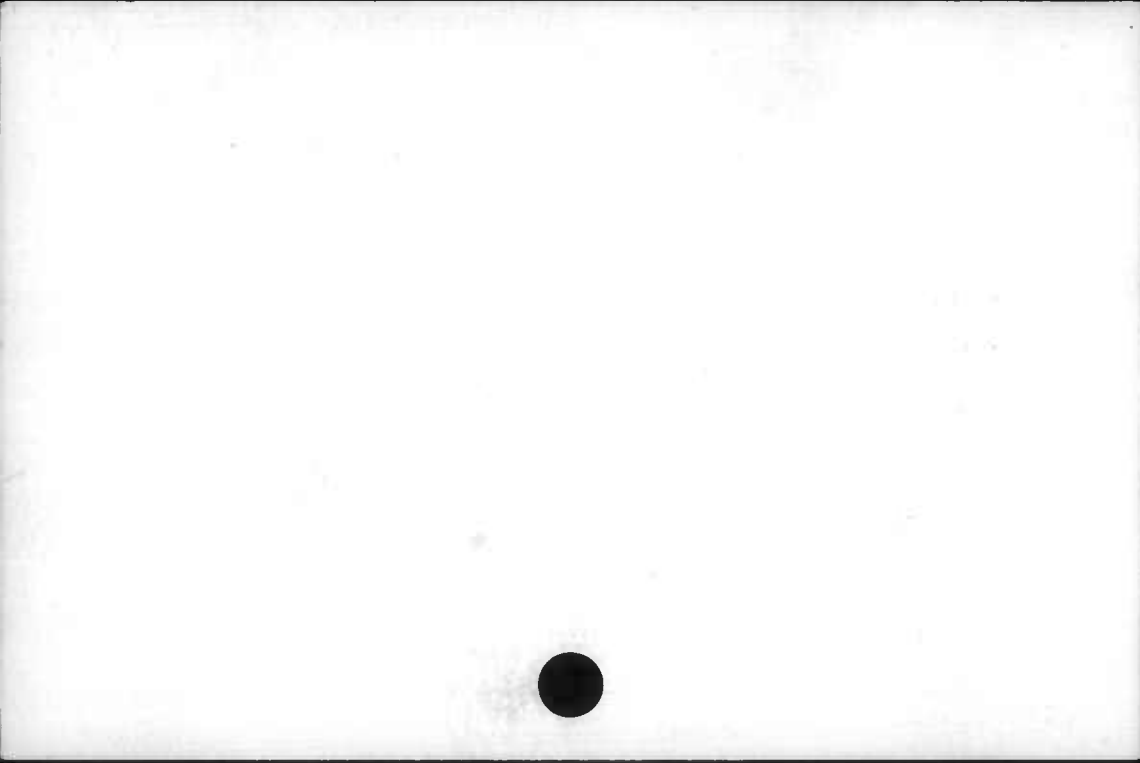
Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *W. F. Taylor M.D.*

Address *Lamm Mt*

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Margaret Peterson Town Shes House County P. H. MARYLAND

Died at Shes House Date of death 1910 Month Jan Day 17 Age 69 Years Months Days

Sex Female Color or Race White Birth-place Ind

Occupation Housekeeper Where Residing if not at place of death Shes House

Married, Single or Widowed Single Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Ind

Mother's Maiden Name Unknown Mother's Birthplace Ind

Name of person giving information Leon, Allen How related to deceased Keifed

CAUSES OF DEATH

(187) ✓

PHYSICIAN
OR CORONER

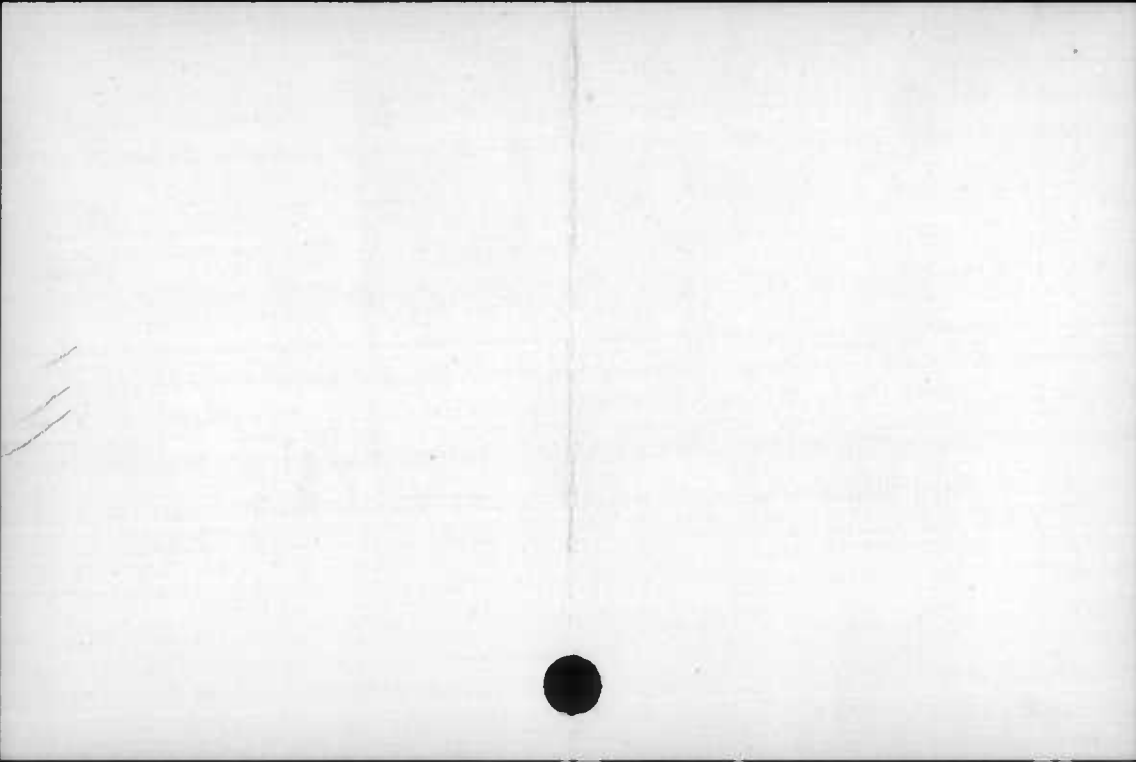
Primary Accidents How long Several years

Immediate Heart failure How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. L. Leasing Address Clinton Md

Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

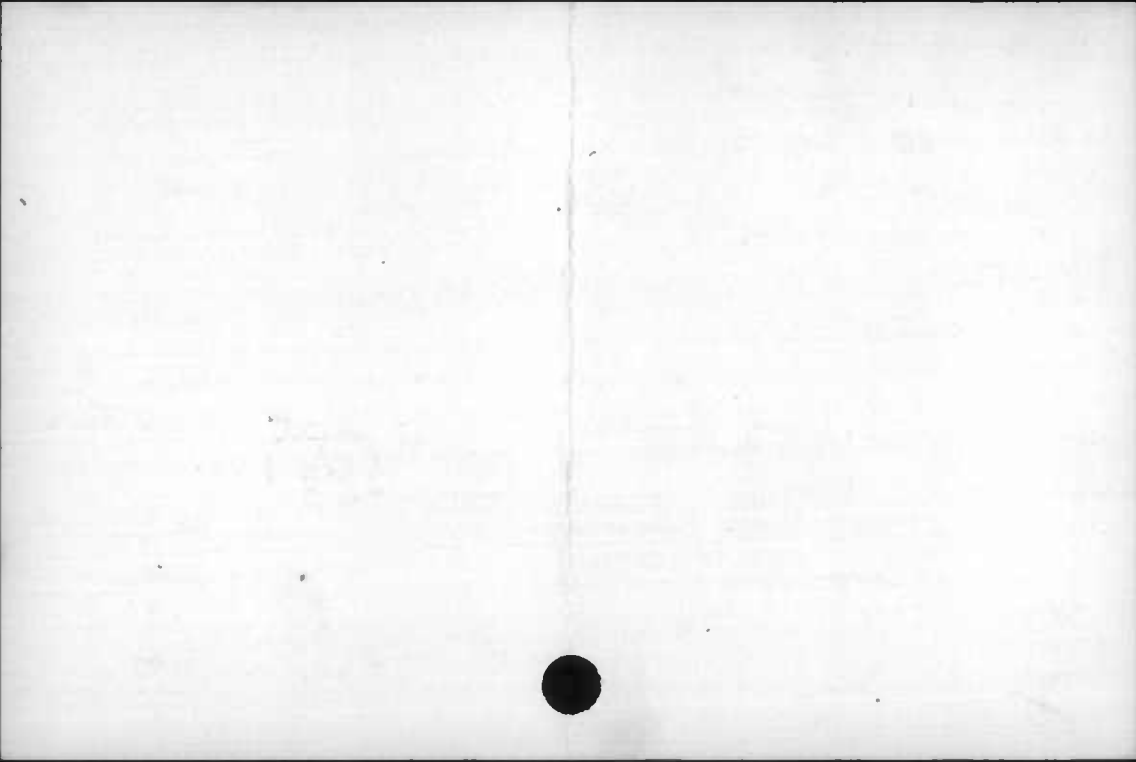
MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camp Springs</i> ^{Town}		<i>P. F.</i> ^{County}	
Date of death <i>1940</i>	<i>Jan</i> ^{Month}	<i>7</i> ^{Day}	<i>73</i> ^{Years}
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Ind</i>	Months <i>—</i>
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>At home</i>		
Married, <i>Yes</i> or <i>Widow</i>	Name of Wife or Husband <i>Mary Porter</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Wick, Porter</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

Primary <i>Hepatitis & La Grippe</i>	How long <i>10 days</i>
Immediate <i>Engorgement Lung</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Wrenn</i>
	Address <i>Clinton</i>
Accident or Suicide?	



Name
in
Full

Malcolm W. Poist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Samuel ^{Town} Prince Georges Co ^{County} MARYLAND

Date of death 1966 ^{Month} 1 ^{Day} 26 ^{Years} 48 ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Md.

Occupation Clerk Where Residing if not at place of death Baltimore Md

Married, Single or Widowed Married Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information None How related to deceased

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary General Paralysis How long One year

Immediate Exhaustion of Paralysis How long One month

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Jesse Cloggin

No Address Samuel Md.

Accident or Suicide



Name
in
Full

Walter Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

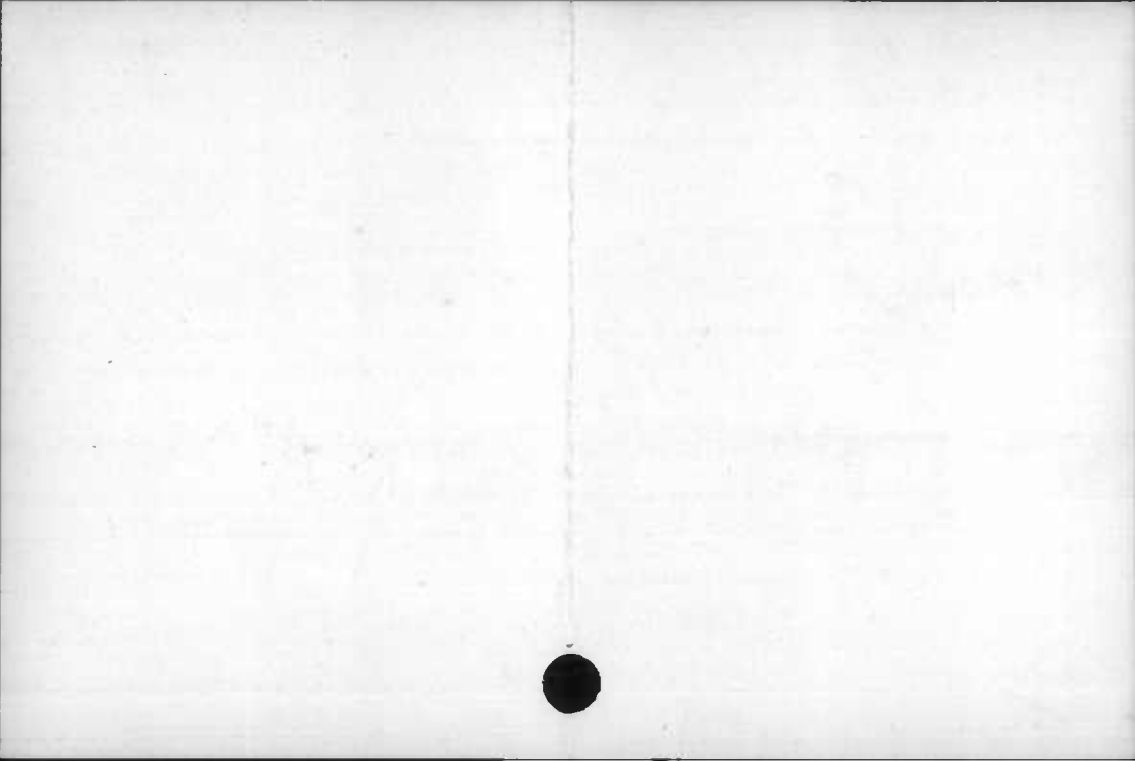
Died at		Town Mellwood		County A.G.		MARYLAND	
Date of death		Month Jan	Day 5	Years Age 23		Months	Days
Sex	Male	Color or Race		Black		Birth-place	Med
Occupation	Laborer			Where Residing if not at place of death		Home	
Married , Single		Name of Wife or Husband					
Father's Name		Woul-know				Father's Birthplace	
Mother's Maiden Name		" " "				Mother's Birthplace	
Name of person giving information		Geo. Proctor				How related to deceased	
						Father	

CAUSES OF DEATH

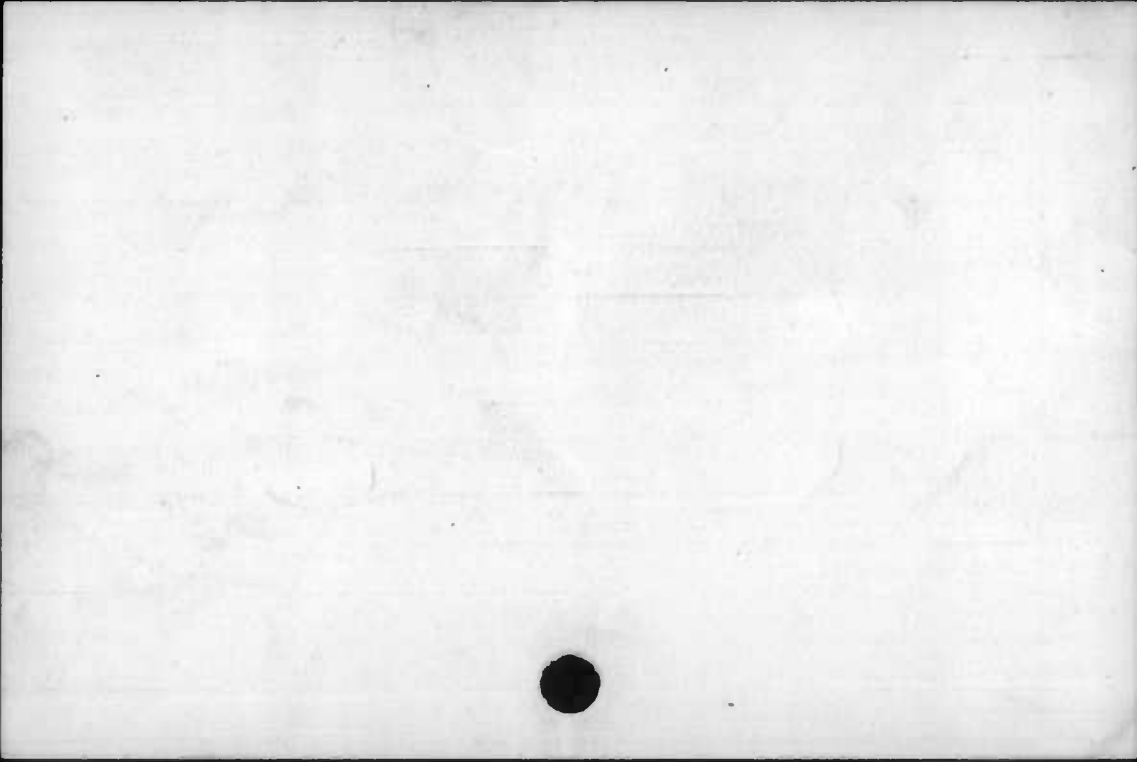
28 ✓

PHYSICIAN
OR CORONER

Primary	Consumption	How long	Several years
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. L. Waring	
Address		Clinton	
Accident or Suicide?			



Name in Full		Dennis Queen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Laurel		County P. Gw.		MARYLAND	
	Date of death	1900	Month 1	Day 10	Age 34	Years	Months Days
	Sex	Male		Color or Race	Black.		Birth-place
	Occupation	Boot Black.		Where Residing if not at place of death		Laurel Md.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Thomas Queen				Father's Birthplace	A. A. Co
	Mother's Maiden Name	Mary Queen				Mother's Birthplace	A. A. Co
TO BE ANSWERED BY NEAREST FRIEND	Name of person giving information	Mary Queen				How related to deceased	Brother
	CAUSES OF DEATH						(27) ✓
PHYSICIAN OR CORONER	Primary	Bronchitis & Tuberculosis				How long	2 yrs.
	Immediate	Heart Failure				How long	few minutes
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. R. Stewart	
					Address	Laurel Md	
		Accident or Suicide?					



Name
in
Full

Thomas Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *New* ^{Town} *Bowie* ^{County} *J. George* **MARYLAND**

Date of death *1900* ^{Month} *Jan* ^{Day} *31* ^{Years} *92* ^{Months} ^{Days}

Sex *Male* Color or Race *Colored* Birth-place

Occupation *Farmer & Carpenter* Where Residing if not at place of death *New Bowie*

Married, Single or Widowed *Married* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary *Infermitis of old age* ^{How long} *1 week*

Immediate *Heart Failure* ^{How long} *1 hour*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James H. Tamm
Bowie Md

Accident or Suicide

yes
*no*PHYSICIAN
OR CORONER

154 ✓

1. 10/10/10
10/10/10
10/10/10



Name
in
Full

John Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hyattsville ^{County} Prince Geo. **MARYLAND**

Date of death 1900 Jan 18 Age 73 Months — Days —

Sex male Color or Race white Birth-place Scotland

Occupation none Where Residing if not at place of death

Married, Single or Widowed widowed Name of Wife or Husband Margaret Russell

Father's Name Thomas Russell Father's Birthplace Scotland

Mother's Maiden Name Mrs Russell or not known Mother's Birthplace Scotland

Name of person giving Information John Russell Jr How related to deceased son

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary *Concussion* How long 2 yrs

Immediate *Pulmonary edema* How long 1 day

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician *Thos Chabrier*

Address *Hyattsville*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William Shorter*

Town *Camp Springs* County *Pr. Res.*

Died at *Camp Springs*

Date of death 19*60* Month *1* Day *12* Age *24* Months *-* Days *-*

Sex *male* Color or Race *colored* Birth-place *Md.*

Occupation *General Labor* Where Residing if not at place of death *Friendly Md.*

Married, ~~Single~~ *Married* Name of Wife or Husband *Nannie J. Shorter*

Father's Name *Henry Shorter* Father's Birthplace *Md.*

Mother's Maiden Name *Matilda Marshall* Mother's Birthplace *Md.*

Name of person giving Information *Jesse Sewal* How related to deceased *Neighbor*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *2 weeks*

Immediate *Circulatory Failure*

Are the name, age, sex, color, date and place correctly given above?

yes

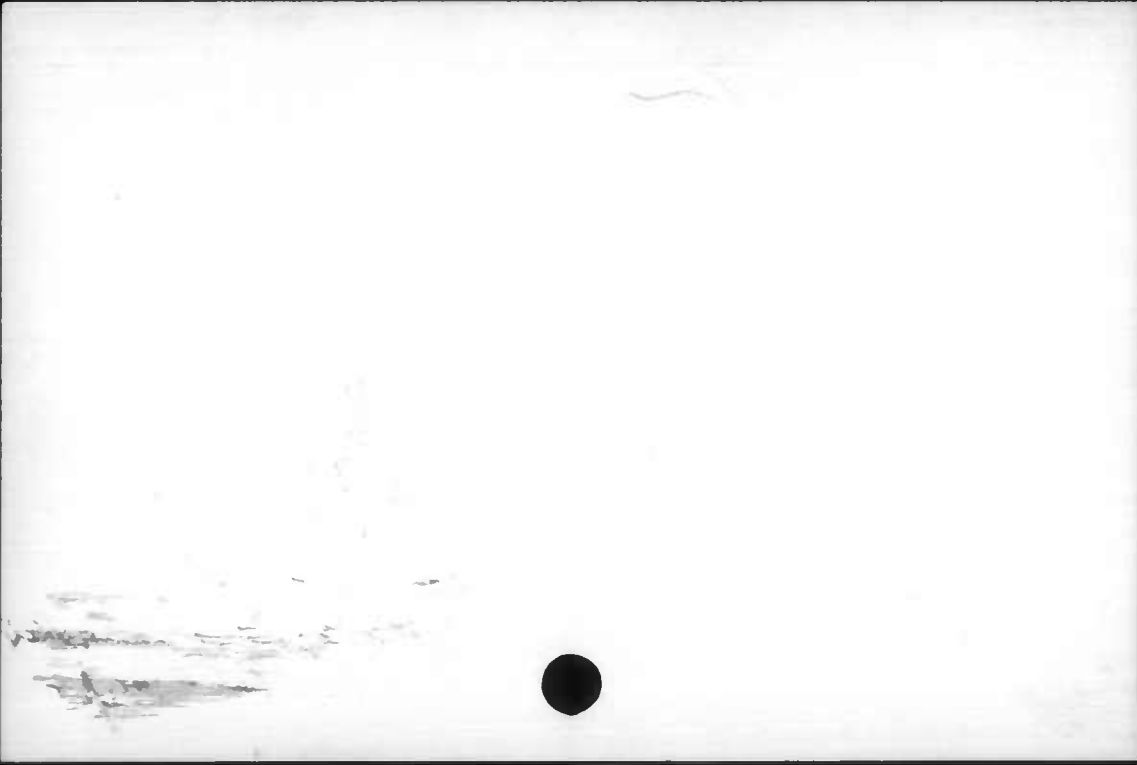
Signature of Physician

Address

E. P. Simpson
Cong. Heights

Accident or Suicide

R F D NO 5



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

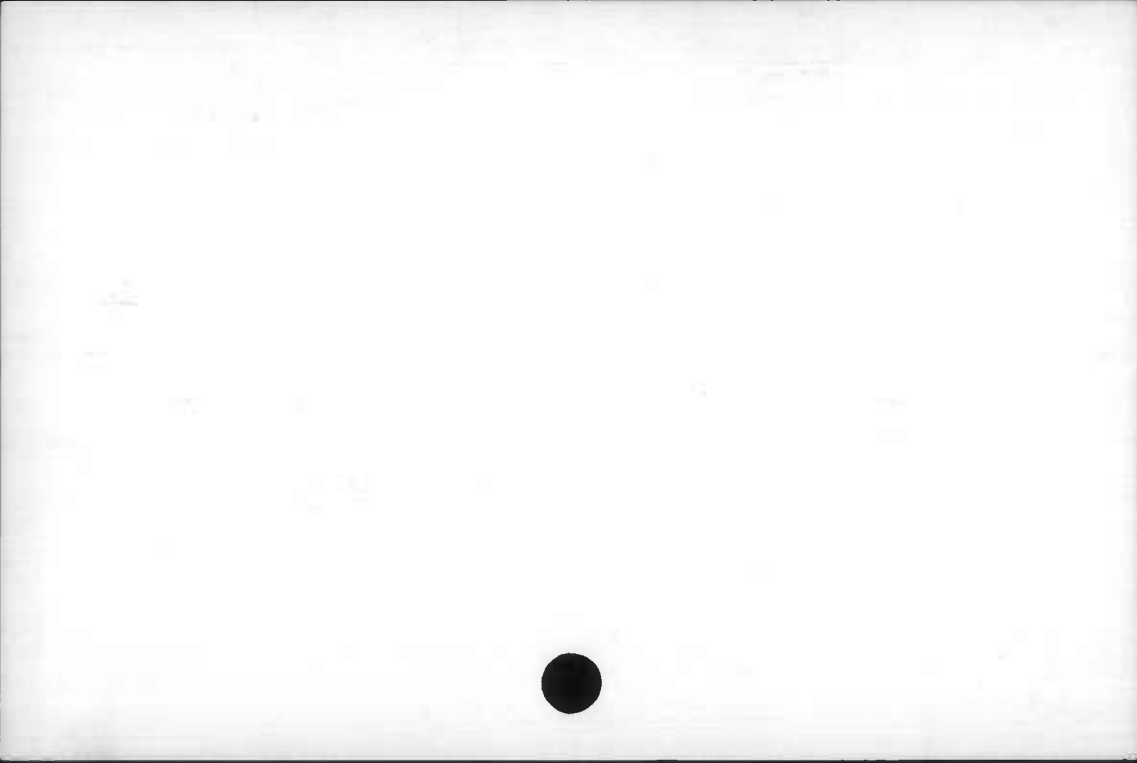
Name in Full <i>Vanellus Infant-Simms</i>		Town <i>Rosecroft</i>		County <i>Pratt</i>		State <i>MARYLAND</i>	
Died at <i>Rosecroft</i>		Month <i>1</i>		Day <i>17</i>		Years <i>—</i>	
Date of death <i>1960</i>		Age <i>—</i>		Months <i>—</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>George Simms</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Rosa Jackson</i>		Mother's Birthplace <i>Va</i>					
Name of person giving Information <i>George Simms</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>—</i>
Immediate <i>Underdeveloped Vitality</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson M.D.</i>
	Address <i>Rosecroft Md.</i>
Accident or Suicide <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Laurel Town Prince Geo County MARYLAND

Date of death 1986 Jan 12 Day — Age — Months 9 Days —

Sex female Color or Race white Birth-place md

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Name of wife or husband —

Father's Name Richard H. Smith

Father's Birthplace md

Mother's Maiden Name William Merson

Mother's Birthplace md

Name of person giving Information R-H. Smith

How related to deceased father

CAUSES OF DEATH

Primary Still Born
Dystocia

How long —

Immediate —

How long —

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

W. F. Taylor M.D.
Address Laurel Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

E. Virginia Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at College Park ^{Town} Prince George ^{County} MARYLAND

Date of death 19X 10 ^{Month} 1 ^{Day} 27 ^{Years} 75 ^{Months} - ^{Days} 7

Sex Female Color or Race White Birth-place Salisbury Md

Occupation Woman Where Residing if not at place of death -

Married, Single or Widowed Widow Name of Wife or Husband Living Spencer

Father's Name Cathell Humphrey Father's Birthplace Salisbury Md

Mother's Maiden Name Leta Dorman Walker Mother's Birthplace " "

Name of person giving Information Thos. H. Spencer How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

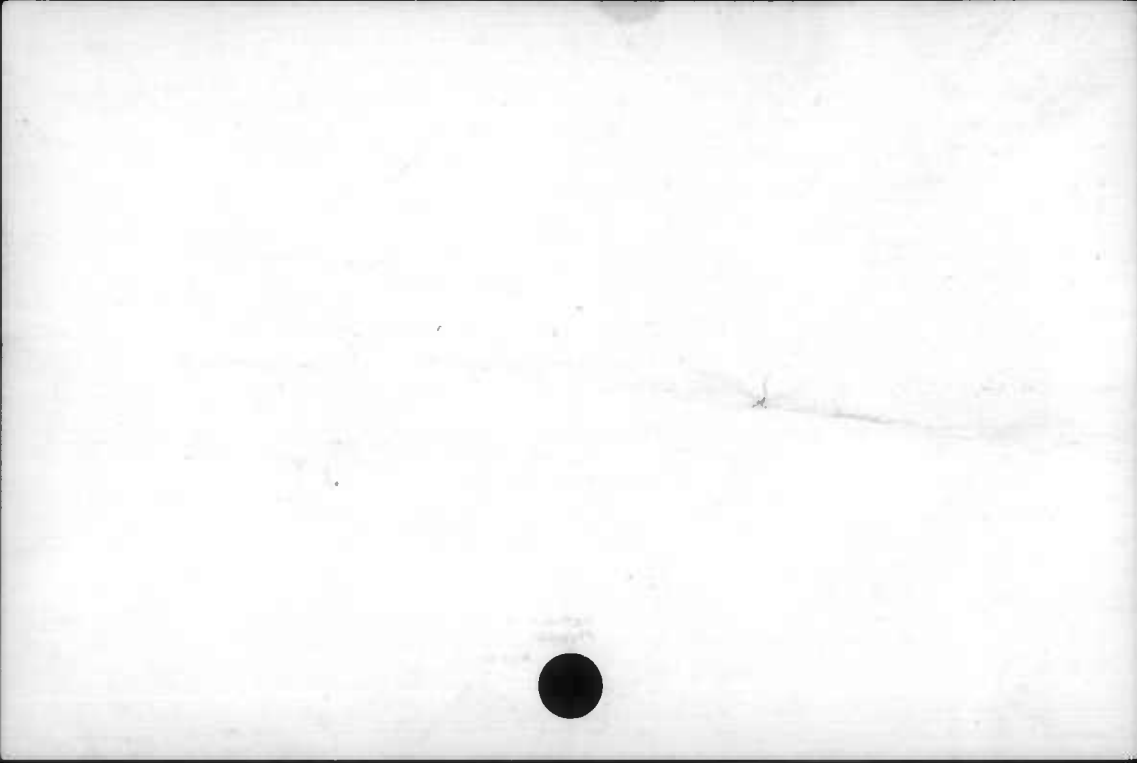
Primary Lobar Pneumonia 98 ^{How long} 7 days

Immediate Cardiac Distress ^{How long} 7 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Harry Hallett M.D.

Address Mt. Rainier Md.

Accident or Suicide



Name
in
Full

State Sullivan.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

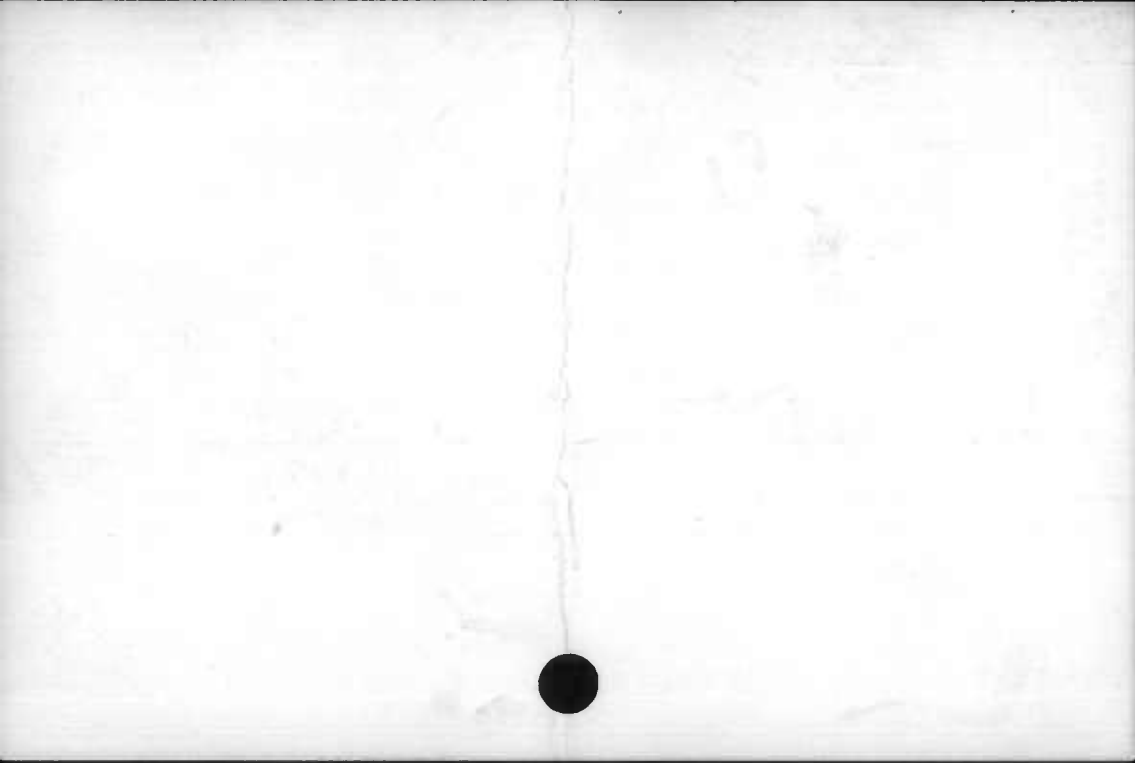
Died at <u>Brentwood</u>		County <u>Prince George</u>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
19 <u>60</u>	<u>Jan</u>	<u>6</u>	<u>50</u>		
Sex	Color or Race	Birth-place			
<u>Female</u>	<u>White</u>	<u>P. D. C.</u>			
Occupation	Where Residing if not at place of death				
<u>None</u>	<u>Brentwood Rd.</u>				
Married, Single or Widowed	Name of Wife or Husband				
<u>Married</u>	<u>Thomas Sullivan</u>				
Father's Name	Father's Birthplace				
<u>Mr. Sullivan</u>	<u>Ireland</u>				
Mother's Maiden Name	Mother's Birthplace				
<u>—</u>	<u>Ireland</u>				
Name of person giving Information	How related to deceased				
<u>My State Staged</u>	<u>Sister in law</u>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<u>Serial Menstruation.</u>	How long
Immediate	<u>gas. sudden</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide	<u>C. M. Stickle</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Florence S. Summers* Town *Bladensburg* County *Prince Geo.* MARYLAND

Died at *Bladensburg* *Prince Geo.*

Date of death *1910* Month *Jan-* Day *17* Age *56* Years Months *10* Days *29*

Sex *Female* Color or Race *white* Birth-place *Md.*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Nathan P. Summers.*

Father's Name *Edward Suit* Father's Birthplace *Md.*

Mother's Maiden Name *Margaret Brown* Mother's Birthplace *Md.*

Name of person giving Information *Rosa Vincent* How related to deceased *Step daughter*

CAUSES OF DEATH

Primary *Colon Pneumonia* How long *2 weeks*

Immediate *cardiac asthma* How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

~~Floor~~ Florence Swales Summers.

2.30 church

8 carriage

artificial 1.25

star and Times

at York.

Floor 5.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Herbert Trumbo* Town *Laurel* County *Prince George* MARYLAND
Died at *Laurel* Month *Jan.* Day *30* Years *33* Months *—* Days *—*
Date of death *1960*
Sex *Male* Color or Race *White* Birth-place *District Columbia*
Occupation *Clerk* Where Residing if not at place of death *Washington*
Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *Unknown* Father's Birthplace *Unknown*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *Miss Ade Trumbo* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *General Paralysis Insane* How long *1 year*
Immediate *Exhaustion* How long *Several weeks*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Amelia H. H. H.*
2 Address *Laurel Sanatorium,
Laurel, Md.*
Accident or Suicide *no*



Name
in
Full

Mrs Mary Octavia Underwood
Town Piscataway County Pr. Geo.

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1900 Jan. 28 Age 73 Months - Days -

Sex Female Color or Race White Birth-place Pr. George's Co. Md.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Geo. Thomas Underwood

Father's Name Tubman, Bowwell Father's Birthplace Chas. Co. Md.

Mother's Maiden Name Matilda Clements Mother's Birthplace " " "

Name of person giving Information Harry Carroll How related to deceased Grand-son.

CAUSES OF DEATH

Primary Infirmitie of Age How long 3 months

Immediate " " How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician E. D. Hurst, M.D.

Address Piscataway, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Roland Walls

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

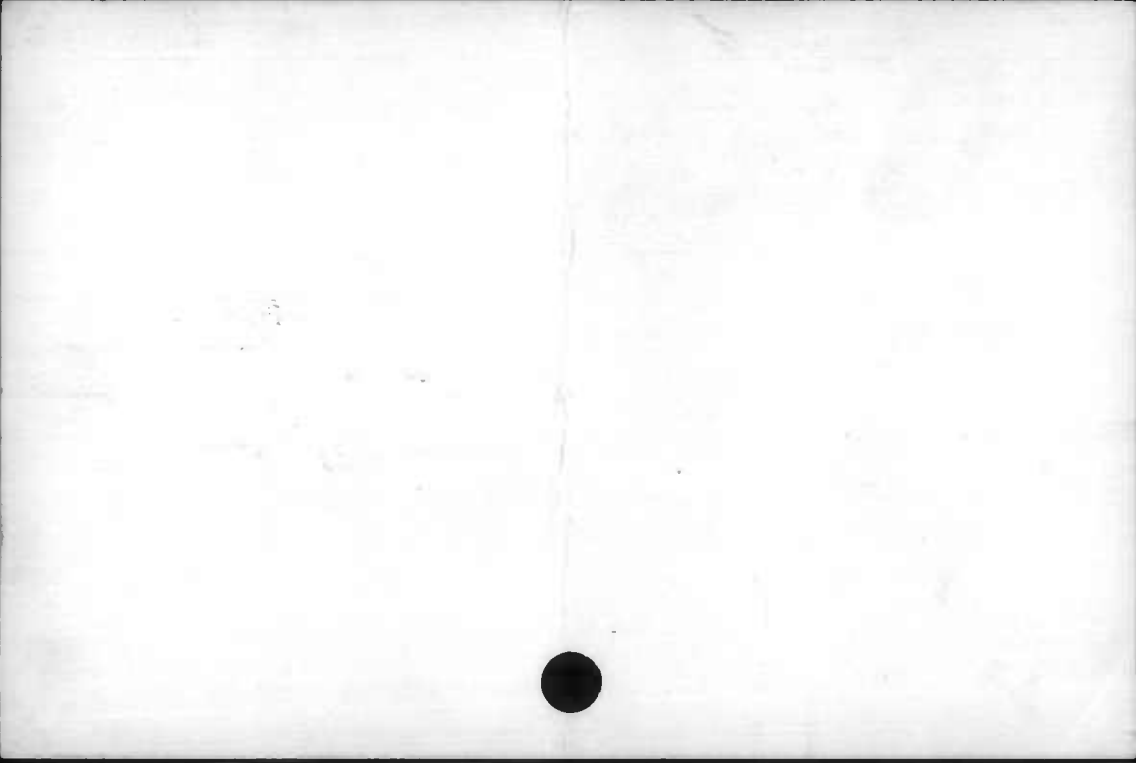
Died at J.B.		Town J.B.		County Pr. Gar		MARYLAND	
Date of death 1900		Month 1		Day 21		Age 1	
Sex male		Color or Race Colored		Birth- place md		Months 10	
Occupation none		Where Residing if not at place of death		Days 10-23			
Married, Single or Widowed Single		Name of Wife or Husband		Father's Birthplace md			
Father's Name Garfield Walls		Mother's Maiden Name Annie Walls		Mother's - Birthplace md			
Name of person giving Information Annie Walls		How related to deceased mother					

CAUSES OF DEATH

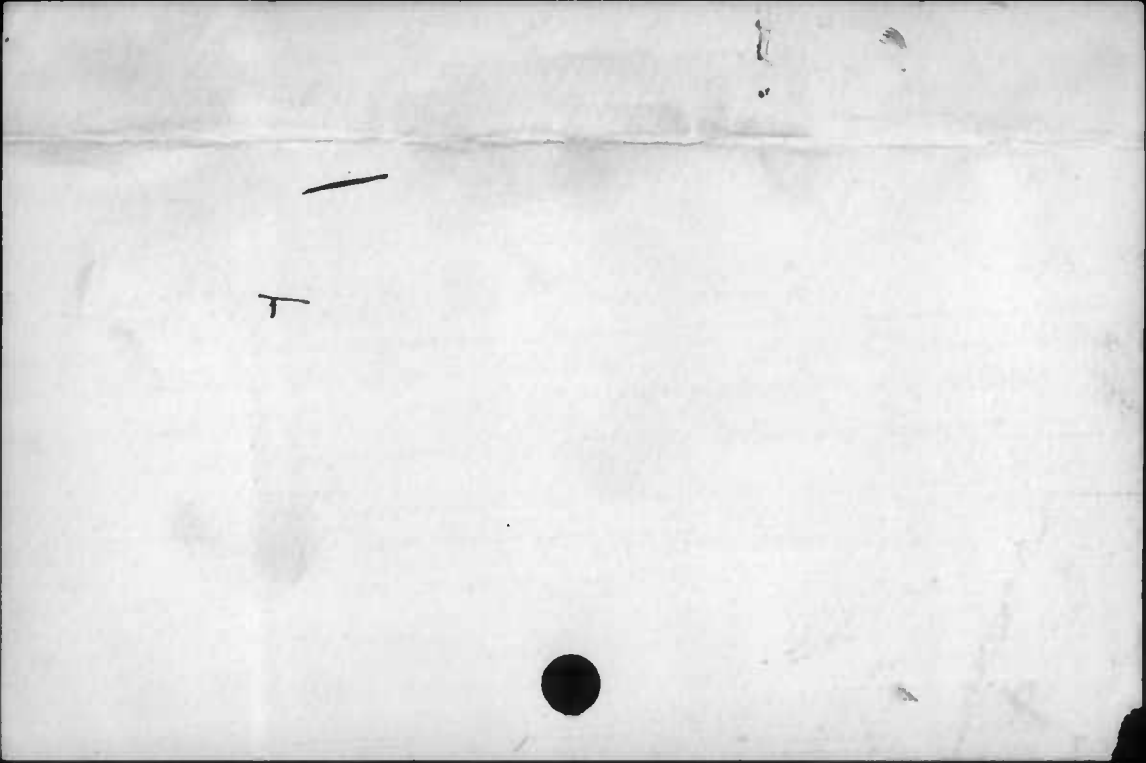
79

PHYSICIAN
OR CORONER

Primary Valvular Heart disease		How long from Birth 2 days	
Immediate Exhaustion		How long 2 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John A. Lora	
		Address J.B.,	
Accident or Suicide		md	



Name In Full		Georgia Waters				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Beltsville Town		Prince Georges County		MARYLAND	
	Date of death	1900	Month	January	Day	24	Age
					Years	36	Months
					Days	-	
	Sex	Female		Color	Red		Birthplace
				Race	Caucasian		Georgia
	Occupation	Housewife & dressmaker		Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	Single		Name of Wife or Husband			
				Georgia Waters			
	Father's Name	Thomas William				Father's Birthplace	Georgia
	Mother's Maiden Name	Grace William				Mother's Birthplace	Georgia
	Name of person giving information	Allen Waters				How related to deceased	Husband
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(28) ✓</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis Larynx				How long	March 1909 -
	Immediate	I did not treat her				How long	was treated - 1 year - 106
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		C. A. Fox	
				Address		Beltsville	
<div style="text-align: center;">X</div> Accident or Suicide?							



Name in Full		Certificate of Death			
Carroll S. White -		TOWN OF PISCATAWAY, PR. GEO. COUNTY, MARYLAND			
Died at		Date of death		Age	
Piscataway		1900 Jan. 27		Years Months Days	
Sex		Color or Race		Birthplace	
Male		White		Piscataway, Md.	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Joseph Baker White		Pr. Geo Co. Md.			
Mother's Maiden Name		Mother's Birthplace			
Caroline Elizabeth Carroll		" " " "			
Name of person giving information		How related to deceased			
Benjamin White		Sister			
CAUSES OF DEATH					
Primary		How long			
Cerebral Meningitis		5 days			
Immediate		How long			
Cerebral - Meningitis					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		E. S. Hurst, M.D.			
		Address			
		Piscataway, Md.			
Accident or Suicide?					



Name
in
Full

Richard L. H. Wolff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurel</u> <small>Town</small>		<u>P. D.</u> <small>County</small>		MARYLAND	
Date of death <u>1960</u> <small>Month</small> <u>Jan</u> <small>Day</small> <u>18</u> <small>Age</small> <u>7 weeks</u> <small>Months</small> <u>3</u> <small>Days</small>		Sex <u>Male</u>		Color or Race <u>White</u>	
Occupation <u>—</u>		Birth-place <u>Laurel md</u>		Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Charles Wolff</u>		Father's Birthplace <u>N Y</u>			
Mother's Maiden Name <u>Amelia Garle</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving Information <u>Charles Wolff</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary <u>Neurasmus</u>	How long <u>1 month.</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
Accident or Suicide <u>NO</u>	Address <u>Laurel Md</u>

